



M.C. MIGEL LIBRARY
AMERICAN PRINTING
HOUSE FOR THE BLIND

15 WEST 16th STREET
NEW YORK, N.Y., 10011

c.2

THE INFLUENCE OF PARENTAL ATTITUDES
AND SOCIAL ENVIRONMENT
ON THE PERSONALITY DEVELOPMENT
OF THE ADOLESCENT BLIND

HV 1598

5

CHITTY, MARY ANN 1812-1881
PENNAME: CHITTY, MARY ANN
CIVIL WAR RECORDS OF THE UNION ARMY
CHITTY, MARY ANN

HV1598 .566
1944 ✓

THE INFLUENCE OF PARENTAL ATTITUDES
AND SOCIAL ENVIRONMENT
ON THE PERSONALITY DEVELOPMENT
OF THE ADOLESCENT BLIND

By VITA STEIN SOMMERS, Ph.D.

1304-11661

1944

AMERICAN FOUNDATION FOR THE BLIND, INC.
NEW YORK

COPYRIGHT, 1944
AMERICAN FOUNDATION FOR THE BLIND, INC.

HV1598

5

copy two

PRINTED IN THE UNITED STATES OF AMERICA
THE WILLIAM BYRD PRESS, INC.
RICHMOND, VIRGINIA

ACKNOWLEDGMENTS

The author wishes to express her sincere appreciation for the invaluable guidance and counsel of her sponsor Dr. Percival M. Symonds who took over the sponsorship after the late Dr. Rudolf Pintner. Grateful appreciation is also due to Dr. Ruth Strang, Dr. Helen Walker and Dr. Gertrude Hildreth for their constructive criticism and valuable suggestions. Special thanks to Mr. S. Altmann, Dr. Samuel Hayes, Dr. Berthold Lowenfeld, Dr. Kathryn Maxfield, Miss Emma Spaney and Mr. Harry Spar for their critical reading of the manuscript. Gratitude is also expressed to the American Printing House for the Blind for transcribing the test material into Braille. Grateful acknowledgment is made to the principals and superintendents of the ten schools for the blind whose valued cooperation made this study possible and especial appreciation to their staff members who helped to administer the tests and to distribute the questionnaires to the students and their parents. The author is under special obligation to Dr. Merle E. Frampton, principal of the New York Institute for the Education of the Blind who made it possible with the help of the members of his staff to carry out the main part of this study. Especially deep is the indebtedness to the many blind boys and girls and their parents who were the subjects of this study. Without their cooperation, the research could not have been accomplished; their wholehearted and genuine interest did much to facilitate the investigation. The author wishes to acknowledge her indebtedness to the American Foundation for the Blind for the generous cooperation in bringing the book to publication. For cooperation in overcoming many problems to make this study possible and for the expert help as an ophthalmologist, the author is indebted to her husband Dr. Ignatius G. Sommers.

VITA STEIN SOMMERS

CONTENTS

	PAGE
PREFACE	ix
INTRODUCTION	xi
I. THE BACKGROUND AND PROBLEM OF THE STUDY	1
II. THE POPULATION, METHODS AND TECHNIQUES OF THE STUDY	7
The Population: Criteria of Selection	7
Methods and Techniques	9
1. The California Personality Test	9
2. Parent and Child Questionnaires	10
3. Case Studies	11
III. RESULTS OF THE CALIFORNIA TEST OF PERSONALITY	15
IV. SURVEY OF PERSONAL AND SOCIAL PROBLEMS	23
V. PSYCHOLOGICAL EFFECTS ON PARENTS OF BLINDNESS IN CHILDREN AS REVEALED IN THE INTERVIEWS	44
1. Blindness as a Symbol of Punishment	45
2. Fear of Being Suspected of Having a Social Disease	46
3. Feelings of Guilt Due to Transgression of the Moral or Social Code or to Negligence	47
4. Blindness in a Child, a Personal Disgrace to the Parents	47
VI. MODES OF PARENTAL ADJUSTMENT	49
1. Acceptance of the Child and His Handicap	49
2. Denial Reaction	52
3. Overprotectiveness	55
4. Disguised Rejection	57
5. Overt Rejection	60
VII. MECHANISMS OF ADJUSTMENT UTILIZED BY BLIND CHILDREN	64
1. Compensatory Reaction	65
2. Denial Reactions	70
3. Defense Reactions—Rationalization, Projection	74
4. Withdrawal Reaction	77
5. Nonadjustive Behavior	79

	PAGE
VIII. RELATIONSHIP BETWEEN CHILD'S ADJUSTMENT AND PARENTAL ATTITUDES	87
IX. APPLICATION OF THE FINDINGS TO THE THEORY OF "ORGAN INFERIORITY"	96
X. SUMMARY AND CONCLUSIONS	101
 APPENDIX:	
Evaluation Scales	107
Letter to Schools for the Blind	115
Letter to Cooperating Staff Member	116
Letter to Blind Students	117
Child-Questionnaire	117
Letter to Parents	119
Parent-Questionnaire	120
Bibliography	123
 TABLES:	
1. Frequency Distribution: Chronological Age and Grade Placement of 143 Blind Children	15
2. Profile of 68 Blind Boys and 75 Girls on the California Test of Personality	17
3. Intercorrelations Between the 12 Variables of the Evaluation Scale Series	89
4. Contingency Coefficient between the Judgments of the Raters	92
5. Parent's Appraisal of Child and Child's Self-Appraisal	94
6. Comparison between Parent's Appraisal of Child and Child's Self-Appraisal	94

PREFACE

During the past decade studies on personality development have paid increasing attention to the role which environment plays in the child's physical, mental, and emotional growth. No longer are psychologists preoccupied with the nature-nurture controversy as to which is the greater determinant with respect to individual differences, heredity or environment. For the student of human behavior, the interaction of heredity and environmental factors in an individual's development is so complex and interwoven that it is impossible to isolate either in pure form. Their innate make-up starts children off with different kinds of endowments, among which physique is of foremost importance for personality development. However, the influences of environmental conditions, particularly the social and emotional relationships within the home, are so evident in everyday life that no one—no matter to what school of thought he may belong—could ignore or deny them. Even to the layman it is apparent that many of a person's attitudes and ways of behavior are determined by the early childhood training and experiences received in his home, and that the character of each family situation influences each child's attitude and reactions to his future experiences. It is a truism of modern human psychology that there is a constant interaction between the child and his environment. Not only does the environment affect the child, but he affects the environment and this in turn affects him again. This interplay of environmental influences is particularly noticeable in the case where parents have a handicapped child.

In the present research the writer has concentrated her interest on a study of certain aspects of the behavior and the personality development of the blind adolescent. This is the first known attempt to investigate how the social environment, particularly parent-child relationships and parental attitudes, condition the blind child's personality and pattern of behavior. The problem dealt with is so complex that only a limited treatment can be attempted. If this study should succeed in illuminating certain aspects of the subject, if it leads the reader to realize something of the complexity of the problem involved, if it stimulates others to further exploration and contributes to a better understanding of certain vital problems of the handicapped child and of his parents, the writer believes it will have accomplished a worthwhile purpose.

INTRODUCTION

For many years the writer lived and worked in close contact with visually handicapped children and young adults in schools both in Europe and in this country. During this association she was often impressed by one recurring circumstance. Frequently, when seeing persons visited one of these schools, a sense of tenseness and strangeness developed between visitor and student. The seeing visitor, who had never had any contact with blind people, became uneasy and self-conscious, fearful of saying or doing something tactless; the blind person, too, felt uneasy and self-conscious, his whole demeanor dominated by the fear of acting like a handicapped person. This was not the natural meeting of two individuals from similar planes of life; rather it was a meeting between representatives of two different worlds: that of the blind and that of the seeing. Consequently, very few seeing persons could achieve the realization that, quite apart from his blindness, a sightless person is a distinct individual; and that his behavior, actions and attitudes are expressions of his individuality, his character, and his personality, and not thoughts and actions peculiar to those who are deprived of their vision.

This failure to separate a person from his blindness has been characteristic of the approach of many psychologists as well as laymen. No matter what trait or emotion they have observed in a blind person, if it has not been in accord with established "norms," there has been a strong tendency to attribute it to the existence of the physical deviation.

An insistent question therefore claims our consideration. Is there any scientific justification for the establishment of the categories "seeing" and "blind" as a basis for psychological differentiation? What characteristics besides their similar handicap do sightless people have in common, which "seeing" people do not have? True, blindness, to a certain extent, affects similarly those who experience it. The many difficulties encountered by every blind person in his attempt to adjust himself to a world in which visual perception plays so vital a part cannot be disregarded. But blindness is only one of many characteristics or factors making up each personality. Each handicapped person grows up in a different environment and is exposed to different personal, emotional, and social experiences; each makes his adjustment to life on

INTRODUCTION

the basis of a different physiological and psychological make-up. How, then, can uniformity result from such widely differing influences? And how can these influences be expected to produce a typical "personality of the blind"?

In order to understand and to evaluate the precise effect of a handicap on personality structure, we must view the individual as a whole, as an organism whose functioning is determined by his physical, intellectual, and emotional equipment plus the sum of all his life experiences. Our interpretation of his personality, therefore, is dependent on a knowledge of all the facts and experiences gained through a social history survey of his environmental background, an estimate of his intellectual equipment with its capacities and disabilities, his physical make-up, and finally, an appraisal of the individual's attitudes and emotions in relation to his environment, to himself, and to his total life experiences.

It is generally accepted by investigators in human psychology, regardless of their generally conflicting viewpoints, that the most of all potent influences on social behavior is derived from the primary social experience within the home, especially with the mother. "We realize more and more the importance of the kinds of attitudes and emotional values which are placed upon the care of the child during infantile dependency periods by the adult contacts."¹ We know now that the family is the matrix which most directly molds the personality of any individual, handicapped or non-handicapped. The relations between a child and his parents set patterns which he may follow throughout his life in his dealings with other people. Parental attitudes, generally such an important part of the emotional and social experience of the normal child, are none the less effective in their profound influence on personality development merely because of the fact that the child is blind. On the contrary, these relationships assume even greater significance because of this very fact. The physical and mental dependence of the sightless child upon his parents is frequently prolonged and much more intense, especially in early childhood. Furthermore, his experiences and contacts outside the home are far more limited than are those of the seeing child.

From the foregoing considerations and from what we know about the importance of the interplay of human relationships in any adjustment, it seems evident that a study of blind persons should be based not

¹ Marion E. Kenworthy, "Psychoanalytic Concepts in Mental Hygiene," *The Family*, November, 1926, p. 217.

only on a knowledge of the "psychology of the blind," but also on awareness of the "psychology of those seeing" with whom the blind are closely associated, particularly in their early childhood.² The present study, therefore, centers attention not only on the blind adolescent, but also on his immediate social environment,—his family.

² This fact was stressed by Stella E. Plants, "Blind People are Individuals," *The Family*, March, 1943.

CHAPTER I

THE BACKGROUND AND PROBLEM OF THE STUDY

The purpose of the research herein reported is to study some of the factors conditioning the behavior and the personality of the adolescent blind, and to find out whether there exists a relationship between parental attitudes and actions and the blind child's behavior pattern and attitude toward his handicap. Up to the present time, little work has been done in this area of psychology. In discussing the psychology of blindness Pintner writes:¹

Indeed the whole field of the personality of the blind is a fertile one for research. At present our knowledge in this field is practically zero.

Assumptions and statements usually made with regard to the personality problems of the visually handicapped are based primarily on observations made by workers in the special field and by the blind themselves. Hayes, a pioneer in research on the psychology of blindness, "regrets that a considerable number of the books and articles written on the problems of blindness are unscientific and must be classified rather as 'literature of opinion' than 'literature of fact'."² Hawkes,³ a successful blind writer states:

There is probably no abnormal condition of life so little understood and appreciated and about which so much that is erroneous has been written as that of blindness.

Psychological research in the field of the visually handicapped has concentrated almost exclusively on mental and educational achievement testing.⁴ Attention has also been paid to such aspects as sensory

¹ Rudolf Pintner, et al., *Psychology of the Handicapped*, p. 231. New York: F. G. Crofts & Co., 1941.

² S. P. Hayes, *Twenty Years of Research: Aims and Achievements*. Reprint from *The Proceedings of the American Association of Instructors of the Blind*, 1935.

³ Quoted by S. P. Hayes in *ibid.*

⁴ S. P. Hayes, "The New Revision of the Binet Intelligence Tests for the Blind," *Teachers Forum (Blind)*, 2:1929:2:2-4; T. H. Haines, "Mental Measurement of the Blind," *Psychological Monographs*, No. 89, 1916.

compensation,⁵ memory,⁶ and facial expressions.⁷ But most of these investigations were the outcome of "laboratory psychology" rather than an outgrowth of the point of view taken by the mental hygiene movement.

The need for scientific research on the personality of the blind has been pointed out by almost all outstanding authorities on the visually handicapped. In his chapter on personality problems Merry says:⁸

The extent to which blindness is responsible for personality differences among children without sight is not easy to determine. The probability is, however, that maladjustments are more often the result of social conditions arising from lack of vision than of the handicap itself. Although the protection of the blind child's personality is a most important phase of his training, this problem has received comparatively little attention.

Up to the present time, only three studies had been published in the entire field of the personality of the blind. Perhaps the most significant is that made by Thomas Cutsforth, himself a blind person, formerly instructor in psychology at the University of Kansas. His findings are reported in his book, *The Blind in School and Society*, in which he deals with the personality adjustment of the blind from preschool age through college. According to Cutsforth, he collected his material and drew his conclusions from literature concerning the blind and from case studies and interviews with blind children. He also undertook a few experiments. Unfortunately, he fails to give his methodology or an account of how various phases of his studies were carried out, therefore the book lacks evidences of a systematic approach. Many of his conclusions appear to have a high degree of validity, some of them however, are stated without adequate scientific support. For these reasons the book has met with adverse criticism, principally among the blind themselves, and also among research workers studying the problems of the blind. In spite of these limitations, the present writer

⁵ S. P. Hayes, *Facial Vision or the Sense of Obstacles*. Publications of Perkins Institution for the Blind, No. 12 (June, 1935).

⁶ S. P. Hayes, "The Memory of Blind Children," *Teachers Forum (Blind)*, 8:1936:55-59, 71-76.

⁷ Jane Thompson, "Development of Facial Expression of Emotion in Blind and Seeing," *Archives of Psychology*, No. 264, 1941; John Scott Fulcher, "Voluntary Facial Expression in Blind and Seeing Children," *Archives of Psychology*, No. 272, 1942.

⁸ Ralph V. Merry, *Problems in the Education of Visually Handicapped Children*, Harvard Studies in Education, No. 19. Cambridge, Mass.: Harvard University Press, 1933.

✓
believes that Cutsforth has made an invaluable contribution to the study of the personality of the blind. For this reason his findings and conclusions are frequently referred to in this study.

Two other studies were made by A. M. Muhl and by Paul A. Brown. Muhl,⁹ using the individual interview technique, made an investigation of the fears, worries, and dreams of blind subjects. Her study revealed the following facts: (1) pupils lacked initiative, their apathy being due to emotional blocking rather than to physical causes; (2) a majority of the children created for themselves a most varied life of phantasy; (3) feelings of inferiority were common; frequently accompanied by compensatory mechanisms of bravado; and finally (4) a few children expressed feelings of resentment at their handicap. She concluded from her investigations that the chief characteristics which need careful attention in the personality adjustment of the blind are marked suggestibility, lack of initiative due to emotional blocking, and a tendency to discouragement and undue sensitiveness.

In Paul A. Brown's investigation¹⁰ two personality tests were administered to 218 blind and 359 seeing high school students: the Clark Revision of the Thurstone Personality Schedule, a neurotic inventory, and the Neyman-Kohlstedt Test, an introversion-extroversion questionnaire. On the first, the results indicated higher neurotic tendencies among the blind as a group than among the seeing. A study of the sex differences revealed that the high maladjustment scores of blind females were responsible for the statistically reliable difference which was found between the means for the total blind and seeing groups. On the second test Brown found the unexpected result that blind boys "presented a somewhat more extroverted appearance" than seeing boys, whereas blind females were significantly more introverted than blind and seeing males. There was no reliable difference in score on the introversion-extroversion test between the blind and seeing as a group. In summary, no reliable difference was found between the blind and seeing boys on either test; but the study indicates greater maladjustment and a greater tendency to introversion on the part of blind girls.

These findings are not in complete accord with the frequently made statement that any organic defect leads to compensatory behavior

⁹ A. M. Muhl, "Results of Psychometric and Personality Studies of Blind Children at the California State School for the Blind," *American Association of Instructors of the Blind, 30th Biennial Convention, 1930*, pp. 568-573.

¹⁰ Paul A. Brown, "Responses of Blind and Seeing Adolescents to an Introversion-Extroversion Questionnaire," *Journal of Psychology*, 6:1938:137-147; Paul A. Brown, "Responses of Blind and Seeing Adolescents to a Neurotic Inventory," *Journal of Psychology*, 7:1939:211-221.

and is often accompanied by personality maladjustment. This viewpoint is maintained primarily by the Adlerian school of thought. Individual Psychology stresses the fact that personality maladjustments are set up by deficiencies of organic structures. In his book, *The Neurotic Constitution*,¹¹ one of Alfred Adler's basic theses is that the loss or the deficiency of an organ is often not mastered psychically by an individual and thus leads to neurosis and change in personality. However, research workers in this field realize that much of this claim is the result of generalization based exclusively on clinical observation and not on experience with an unselected group. Moreover, experimental evidence regarding the personality of the blind, such as that adduced in Brown's study and findings based on research,¹² have further laid this theory open to question. Most psychologically trained workers with the handicapped also take issue with Adler respecting his theory (which is implied, if not always stated) that the drive to gain superiority always involves a child in personality deviations and frequently in conduct disorders. Their experience leads them to the hypothesis that while a physical handicap may account for an accentuation of certain personality traits and behavior patterns, it does not necessarily cause maladjustment or behavior disturbances which may lead to a neurosis.

Most of the recent studies made on the personality of the physically handicapped have employed a purely objective approach, using only personality test and questionnaires. As a result of these objective studies certain data have been gathered about the psychology of the blind, the deaf, the crippled, and other physically handicapped as a group. An analysis of these data, however, discloses little about the factors responsible for the wide variations in the individual adjustment of those making up the groups studied. No attempt has been made to study environmental factors, the influence of such as parental attitudes towards the child's physical defect, parent-child relationships, etc., and to determine the cause-and-effect relationships between these factors and the behavior of the subjects.

Although workers with and for handicapped children undoubtedly have been aware of the great significance that the social environment,

¹¹ Alfred Adler, *The Neurotic Constitution*. New York: Dodd, Mead & Co., 1917 (tr. 1930).

¹² For example: Lilly Brunswig, *A Study of Some Personality Aspects of Deaf Children*. New York: Bureau of Publications, Teachers College, Columbia University, 1936; Stephan Habbe, *Personality Adjustments of Adolescent Boys with Impaired Hearing*. New York: Bureau of Publications, Teachers College, Columbia University, 1936; Carney Landis and M. Marjorie Bolles, *Personality and Sexuality of the Physically Handicapped Woman*. New York: Paul B. Hoeber, Inc., 1942.

and especially the home, has for the behavior and personality development of the child, oddly enough, diligent search by the writer has brought to light only two studies concerning the physically handicapped that give these vital aspects consideration.

One of these is by Carney Landis and M. Marjorie Bolles¹³ who, through personal contact with their subjects, attempted to evaluate personality development and behavior reactions in terms of the individual's adjustment in relation to his social environment. Their research presents the problems of the group studied only as the physically handicapped persons themselves see them. No effort was made to meet and question the parents with regard to their reactions, attitudes, and feelings. Consequently, the information which was obtained is subjective and probably, in some instances, misleading.

The other study, called to the writer's attention after she had completed her research, was made by Dr. Frederick H. Allen, Director of the Philadelphia Child Guidance Clinic and Assistant Professor of Psychiatry, and Gerald H. Pearson, Assistant Professor of Pediatrics,¹⁴ who presented their findings to the Fifth Annual Meeting of the Orthopsychiatric Society held in New York City in February, 1928. It consists of the psychiatric analysis of the life histories of twelve cases with various types of obvious physical disabilities. They, too, state that the influence of the home environment on the personality development of handicapped children has not received sufficient consideration.

The relation of physical defects to the development of personality is a subject about which there has been a considerable amount of speculation and a meagre number of facts based on case studies. The literature is full of vague references to inferiority feelings. The original contribution of Adler postulated that such feelings were based on some organic or physical defect. It has seemed desirable to re-evaluate the relation of physical defects to personality and emotional development by a study of the life histories of children with obvious physical deficiencies, and if the influence of the defect seems important, to study its dynamics and its connection with other factors, particularly with the early parent-child relationships.

Allen and Pearson come to the following conclusion:

Physical disabilities occurring in the early years of life affect the personality largely as they are utilized by the underlying relationships between the

¹³ Carney Landis and M. Marjorie Bolles, *op. cit. supra* note 12.

¹⁴ Frederick H. Allen and Gerald H. Pearson, "The Emotional Problems of the Physically Handicapped Child," *British Journal of Psychology*, Medical Section, 8, 1928.

parents and the child. When they occur later in childhood the child reacts to them in the same manner as he has learned to meet other new and different situations.

The present investigation differs from the others in the following respects:

1. It gives as close attention to and study of the home environment as to the child himself, through direct contact with his home and his parents.
2. It explores the influence of the various factors in this environment, especially parental feelings and attitudes, on the blind individual's behavior and on his personality development.
3. It deals exclusively with subjects afflicted with one type of handicap, blindness.

The research proceeded on the hypothesis that personalities are not affected in the same way by a specific defect; that no personality pattern is invariably associated with a physical defect; but that the social environment of an individual reacts to his defect in various ways, and it is this environment thus affected which in turn has its peculiar influence on him. In other words, the effect which a specific defect may have on a person is determined, not only by the nature of his own personality, but also by the nature of the social environment in which he lives.

This investigation has, therefore, concentrated on the following problems:

1. To determine, on the basis of a standardized personality test, whether or not the visually handicapped as a group differ (with respect to scores) from the normally seeing in their personal and social adjustment.
2. To inquire into certain personal, emotional, and social problems with which parents and their visually handicapped children may be most concerned.
3. To find out whether parental attitudes and actions and the blind child's behavior pattern and attitude toward his handicap, are related.

CHAPTER II

THE POPULATION, METHODS AND TECHNIQUES OF THE STUDY

For the purposes of this research, material was obtained through the use of the California Personality Test, questionnaires, and complete case studies. Selection of subjects was made on the following bases: (1) degree of loss of sight; (2) age at onset of visual defect; (3) chronological age and sex; (4) intelligence; and (5) presence of seeing sibling.

THE POPULATION: CRITERIA OF SELECTION

Degree of loss of sight. Only those individuals were selected for this investigation who were either totally blind or practically blind.¹ Those visually handicapped who had sufficient sight to read inkprint were excluded.

Age at onset of visual defect. Persons included in this study were either born blind or became blind before reaching the age of six.

These two criteria were adopted because research on this problem has revealed² that the effects of blindness are related to both the degree of sensory disability and the age at which it occurred.

Chronological age and sex. Both sexes were represented, at age levels ranging from 14 to 21, and grade levels from 8 to 12. This age range was selected because it is in the adolescent and early adult periods that the individual's intelligence has matured sufficiently to comprehend the meaning of personal, social, and economic security. During this time youth's social horizons widen a great deal and he gains a better understanding of events in his environment and a deeper realization of the problems involved in occupational planning, financial independence, social prestige, and heterosexual adjustment. Of course, many of his desires, interests, and ambitions are present at an earlier age, but usually not in as intense a form as during the adolescent period. At this stage of development it is also frequently noted that an acute consciousness of

¹ This term is used for those visually handicapped whose remaining vision is "of no practical value to them for the purpose of education or the general business of living." Rudolf Pintner, *et al.*, *The Psychology of the Physically Handicapped* New York: F. G. Crofts & Co., 1941.

² Thomas D. Cutsforth, *The Blind in School and Society*, p. 23. New York and London: D. Appleton & Co., 1933.

the physical defect and the limitations it imposes arouses personal and emotional disturbances which find expression in intensified self-consciousness, increased feelings of inferiority, and strong withdrawal tendencies.

Intelligence. Individuals with intelligence ranging from low average to very superior³ were selected. The plan was to eliminate poor mental equipment as it may be a contributing factor in the maladjustment of the subject or an additional conditioning factor in the parent-child relationships.

Workers in the field of the visually handicapped know that there is a larger percentage of mental defectives among the blind than among the seeing. Haines⁴ found an unusually large percentage of sub-normal and feeble-minded children among the blind population whom he tested. This, as he suggested, was probably due to the fact that certain causes of blindness are also causes of mental defectiveness, e.g., hydrocephalus, encephalitis, syphilitic degeneration. In this regard Pintner also states:⁵

The percentage of slow, dull, and feeble-minded cases among the blind seems to be at least *twice* that found among the sighted. Some causes of blindness also cause arrested mental development. Congenital blindness and feeble-mindedness seem occasionally both to derive from a poor family stock.

Presence of seeing sibling. Only subjects with seeing siblings were selected. It seems self-evident that in a study on the effect of parental attitudes and social environment upon a child's behavior and personality development, sibling relationships have considerable significance. According to Alfred Adler, sibling relationships have a great influence in shaping the child's personality pattern. He implies, for instance, that the recognition by a child of his position in the family is likely to influence him in the development of attitudes resulting in given emotional patterns.

Mandel Sherman,⁶ who refers to the findings of objective studies, points out that

³ The I.Q. scores were based on the Binet-Hayes or Kuhlman-Anderson Test, and ranged from 89 to 168.

⁴ T. H. Haines, "Mental Measurements of the Blind," *Psychological Monographs*, XXI (1916), No. 89.

⁵ Rudolf Pintner, "The Blind," in Pintner, *et al.*, *op. cit. supra* note 1, p. 219.

⁶ Mandel Sherman, *Mental Conflicts and Personality*, p. 269. New York: Longmans, Green & Co., 1938.

a child's position in the family is important only when there are undesirable reactions of the parents and siblings and when he develops a sense of insecurity because of lack of sufficient recognition. . . The treatment accorded to him in the home, compared to the oldest or youngest, may not only intensify his conflicts of insecurity but may also become the basis of other conflicts. . . He may believe that his parents are discriminating against him. In his rivalry for affection of his parents he may develop all sorts of angers, hates, some of which are openly expressed and others repressed.

METHODS AND TECHNIQUES

The California Personality Test

One of the instruments used in the study was the California Test of Personality (Secondary Series, Grades 9-14), A Profile of Personal and Social Adjustment, devised by E. W. Tiegs, W. W. Clark, and L. Thorpe. The purpose of the test, as stated in the manual, is

to reveal the extent to which the student is adjusting to the problems and conditions which confront him and is developing a normal, happy, and socially effective personality.

The total score for this test is derived from two main parts, each of which in turn consists of six components. Section I, *Self-Adjustment*, is divided into (a) Self-reliance, (b) Sense of Personal Worth, (c) Sense of Personal Freedom, (d) Feeling of Belonging, (e) Withdrawing Tendencies, (f) Nervous Symptoms. Section II, *Social Adjustment*, is divided as follows: (a) Social Standards, (b) Social Skills, (c) Anti-Social Tendencies, (d) Family Relations, (e) School Relations, (f) Community Relations. While the first part is intended to indicate what the student feels and thinks about himself, the purpose of the second part is to show how the student functions as a social being. The test is in questionnaire form calling for "Yes" and "No" answers. Each section contains ninety questions.

Regarding the qualifications of this test, R. B. Cattell says:⁷

As far as mechanics of test design are concerned these tests are admirably worked out. The psychometrist is supplied with efficient scoring keys, with well-spaced percentile norms, with probable errors and standard deviations, and with consistency coefficients corrected by the Spearman-Brown prophecy formula. About the validity, however, the handbook becomes persuasively vague.

Professor P. M. Symonds⁸ expresses more or less the same point of

⁷ In *Mental Measurements Yearbook 1940*, O. K. Buros, ed.

⁸ *Ibid.*

view, as the above, criticizing even more strongly the incomplete and seemingly arbitrary subdivisions "which cannot be considered sufficiently reliable to warrant their being scored separately." However, both writers concede that for research purposes, where group average differences in specific traits or personal or social adjustments are investigated, it has value.

The choice of the California Personality Test was further influenced by the following considerations:

1. It seemed particularly appropriate for an investigation of those personality aspects that were of primary interest in this study, as it investigates the factors involved in personal and social adjustment.
2. It is well suited to the comprehension of the age level 14 to 21.
3. It can be administered without great difficulty to blind students individually as well as in a group.
4. Its norms have been established for a large group of so-called normal (seeing) adolescents.
5. The Braille answers can be easily scored.

It is hardly necessary to point out that an understanding of its limitations is a pre-requisite for the use of any personality scale. For this study the test was considered useful as part of the supplementary data but not as a basis for classification and final conclusions.

For the selection of the group to be tested and for the administration of the test, a letter outlining the assistance needed was sent to eighteen schools for the blind located throughout the United States.⁹ Ten institutions replied offering full cooperation and naming from one to four members of the staff who were well qualified and willing to administer the test. Letters¹⁰ were then sent directly to these staff members with detailed instructions for the use of the material enclosed. Two hundred and fifty students were selected in accordance with the criteria worked out, but statistical analysis was made of the test results of only 143, as an unforeseen element entered the early administration of the test, which appeared to the writer to invalidate certain of the results.

Parent and Child Questionnaires

In addition to the standardized personality scale worked out for use with the seeing, two specially designed questionnaires were prepared, one for use with parents, the other for use with their blind children.¹¹

⁹ See Appendix for a copy of this letter.

¹⁰ See Appendix for a copy of this letter.

¹¹ See Appendix for parent and child questionnaires and accompanying letters, explaining the purpose of the study to each.

The questions were framed on a fairly broad basis and called for answers which would lend themselves to quantitative scoring as well as qualitative interpretation. The diagnostic items in the parent-questionnaire dealt primarily with the parent's idea of the blind child's behavior reactions and attitudes. The child-questionnaire consisted of two parts. The first was drafted with a view to finding out how the child himself feels about his relationships with his parents and siblings; the second part included items designed to supplement the first, and to help uncovering some of the problems which are thought peculiar to blindness. The following questions illustrate those used:

In what kind of situations have you been most aware of your handicap?
What do you feel one misses most by being unable to see?
What do you wish for most in life?

The 120 students answering the questionnaire were among those to whom the California Personality Test had been administered.¹² A request for volunteers among parents was answered by 72 mothers who cooperated wholeheartedly in filling out the questionnaires. The staff members of the participating schools who administered the personality test¹³ also distributed the questionnaires.

A few selected items in the questionnaire designed for the blind children were given to a group of 80 seeing adolescent boys and girls.¹⁴ It was thought that a comparison between the two groups of adolescents with respect to certain items on the questionnaire would help to give a clearer understanding of some of the problems with which blind youth is confronted. A questionnaire is admittedly limited in scope and application as an instrument for investigating emotional attitudes and reactions. For this reason it was used here merely as a tool for exploring some of the personal and social problems facing parents and their blind children, with a view to identifying and defining them for the purpose of laying them open to more meticulous scrutiny and study through the medium of personal interviews.

Case Studies

At the outset of this study, it was assumed that the most meaningful material for the research would come from a complete work-up of a

¹² Fifteen child- and fifteen parent-questionnaires were sent to each of the ten schools.

¹³ Complete instructions for the distribution of the questionnaires were contained in the same letter which gave instructions to these staff members for the administering of the personality test. See letter to staff members in the Appendix.

¹⁴ The seeing population was drawn from three different high schools located in a suburb of New York, in Queens, and in Brooklyn.

fairly large group of individual cases, with special attention given to personal interviews, and that personal contact with parents and children would undoubtedly reveal areas of thought and feeling utterly beyond the capacity of tests and questionnaires to probe.

In order to prove this assumption fifty subjects were chosen, most of them present and former students of a school for the blind where the writer had worked for more than three years.¹⁵ The others were met at a guidance clinic where the writer served as guidance adviser. Nearly all of the students had had some school experience with seeing children either before they entered the school for the blind or afterward. It was considered desirable to carry on part of the research in the day classes for the blind of the New York City public schools in order to obtain a basis for comparison with the residential schools. However, permission to do so could not be secured.¹⁶

The fifty mothers of these students were also interviewed.¹⁷ In a few instances, fathers and siblings were present and participated. This group of mothers provided material relative to parental attitudes and their influence on the personality development of their blind children.

In order that a complete study of every case might be made, information was gathered not only through interviews with mother and child, and if possible, with other members of the family, but also in conference with his present or former teachers, his cottage mother, and the school's case worker. The cumulative school record of each child was also available, including reports from the physician, ophthalmologist, psychologist, teachers, and cottage mothers.

The children, for the most part, were interviewed at the school. Interviews with mothers and other members of the family took place in

¹⁵ This school provided a particularly favorable place to study for it is perhaps the only school in the country which has been able to adhere to the policy of requiring its students to spend their week-ends and holidays at their homes, thus making possible closer contacts with their parents and siblings. In nearly all other residential schools, children live with their parents only during the summer months.

¹⁶ In the area of the blind, as well as in other areas of the physically handicapped, there is controversy between residential schools and day classes in public schools as to their relative merits. As long as public schools, and especially those for the blind, cannot be included in research which aims to study objectively some of the problems with respect to this question, no answer can be given which is based on facts.

¹⁷ The interview was not so much meant to get precise information, as in the case of the diagnostic interview, but was intended primarily to provide an opportunity to observe the mother's attitudes and emotional responses to past and present events and experiences.

the home. For the purpose of this research initial contact with the mothers, many of whom were known to the writer from her work at the school, was made either at Parent-Teacher Association meetings where she was introduced by the school principal, or through a letter stating the reason for the writer's interest in visiting the home. She explained to parents and children her interest in discussing with them some of their own experiences and problems with which they are most concerned for she was planning to write a book for mothers of handicapped children. It was also explained that the information would be helpful to counselors for parents and their handicapped children. The cooperation was excellent. Fifty parents replied and in the friendliest manner received the investigator in their homes. None of the blind students refused to participate. The interview approach and its length varied greatly. For the most part a directed interview approach was employed. Although in all cases participation on the part of parents and children was voluntary, it sometimes took time to break the ice and to establish rapport.¹⁸ The interview generally lasted from three to five hours. Often an invitation was extended to have a cup of coffee or to join the family for lunch or supper.

As previously indicated, information was also obtained from other members of the family, especially siblings. Here again the interview technique had to be used flexibly; no set pattern could be followed. With the interviewee's special permission the writer took notes. This was interrupted when matters of a very personal or emotional nature were brought up.

In order to judge different factors of special interest in this study as observed in the interviews, the writer constructed a series of evaluation scales¹⁹ on which parents and their children were rated.²⁰ A compilation of the results of these recorded judgments reduces the error which would arise from a vague general accumulation of impressions. By means of appraising certain aspects of the parental attitude toward the child and his handicap and also the child's own attitude toward the handicap,²¹ an attempt was made to investigate to what extent the blind

¹⁸ The importance of good rapport with the parents as well as the child cannot be over-emphasized, for it influences the amount and quality of the material that can be obtained during these interviews.

¹⁹ At the suggestion of Professor P. M. Symonds.

²⁰ Evaluation scales have been used in other studies such as that made by Carney Landis and M. Marjorie Bolles, *Personality and Sexuality of the Physically Handicapped Woman*. New York: Paul B. Hoeber, Inc., 1942.

²¹ The writer made use of some items as applied in the evaluation scales employed in the study by Landis and Bolles referred to in note 20.

child's adjustment and social behavior, and the parental environment and emotional and social attitudes toward him are related.²²

Twelve separate scales each having five steps were constructed. Favorable judgments of positive value are recorded with low figures, such as 1 and 2, unfavorable judgments of negative value by high figures, such as 4 and 5. Step 3 indicates a neutral value, that is, one which is neither positive nor negative.

The evaluation scales were applied to each of the fifty parents and their blind children by three judges working independently, the case worker of the school, the cottage mother²³ in whose care the child was or had been, and the investigator. All the judges were experienced case workers and had known the children and their parents for at least two years. Neither the school psychologist nor any teacher on the staff served as a rater for it was felt that these persons did not have sufficient contact with the parents to evaluate parent-child relationships.

For the purpose of facilitating the rating, and also to obtain uniform results—as nearly as this might be possible—the criteria for every trait or aspect to be evaluated were worked out in detail. In addition, the writer spent many hours in conference with the judges explaining the purpose of the study and clarifying the meaning of the scales and their importance to the research findings, to make sure that everyone had the same understanding of the scales and the various special terms employed in them. As was stated previously, the fullest cooperation of the whole school was given. The principal gave his wholehearted support by permitting the investigator to live in the school during the time this part of the research was being carried on.

The material included in this study presents the problems as they were actually found; there are no hypothetical cases nor have any been simplified. It is believed that there is a great value in bringing the reader face to face with actual situations for it will undoubtedly facilitate the understanding of some of the theoretical discussions.

²² See Evaluation Scales in the Appendix, pp. 1-10.

²³ The institution in which this part of the study was carried out, consists of cottage units. The boys and girls are grouped according to age, for instance, from 14 to 16, 16 to 19, 19 to 21. Each cottage unit is made up of about 20 students, supervised and cared for by a house mother who, to a certain extent, assumes the role of a "substitute mother" during the week. She is, more or less, the link between the child's home and his teachers. The children go home on week-ends. Five cottage mothers cooperated in this study.

CHAPTER III

RESULTS OF THE CALIFORNIA TEST OF PERSONALITY

Before an analysis of the case studies and questionnaire material is made to explore to what extent parental attitudes and actions and the child's behavior pattern and attitude toward his handicap are related, we shall examine, on the basis of a standardized test, whether or not the visually handicapped as a group differ from the normal seeing (with respect to scores) in their personal and social adjustment.

The results of the test and their interpretation have been cautiously used for allowance must be made for a certain amount of "unreliability" in any type of self-rating personality test. In this connection Douglas Spencer states:¹

The personality test itself offers a temptingly easy way out of the emotional disturbance through varying degrees of resistance—through omissions, evasions, partial deceptions and deliberate dishonesty.

Furthermore, these findings are based on a rather small sampling of the blind, and consequently, great care must be exercised in making broad generalizations.

TABLE 1
FREQUENCY DISTRIBUTION: CHRONOLOGICAL AGE AND GRADE PLACEMENT
OF 143 BLIND CHILDREN

Age to Nearest Birthday	f	Grade	f
14	14	7	18
15	26	8	29
16	23	9	21
17	28	10	31
18	31	11	23
19	10	12	21
20	8		
21	3		
		N = 143	
N = 143			

¹ Douglas Spencer, *Fulcrum in Conflict*, p. 14. New York: World Book Co., 1939.

The test used was the California Test of Personality (Secondary Series, Grades 9-14).² Like other instruments of the study, it was applied to a group of students selected with regard to age, mental ability, degree of vision, and onset of blindness.³ In order to save time the test was administered to eligible students as a group. The items were read to them and the answers "Yes" and "No" recorded in Braille by the subjects. To avoid misunderstanding or confusion, each reply was given a number corresponding to the number of each question. Later, the writer transferred the Braille answers to the regular answer sheet of the California Personality Scale for the purpose of scoring and computing.

In spite of the fact that individual students may have rationalized in giving responses, for the group as a whole certain results stand out clearly in the profile in table 2:

1. In most of the aspects measured by the test, the blind as a group fall definitely below the norms of the seeing as a group.
2. The blind girls seem to be slightly better adjusted than the blind boys.
3. The highest score was made in Family Relations and the lowest in School Relations.

Assuming that this test can measure personal and social adjustment and that the norms are representative of seeing adolescents, it may be stated that, on the basis of the results of this test, blind adolescents are less well adjusted than seeing adolescents. However, before we can accept this conclusion, we must test its validity by an analysis of the various components of the test with respect to their applicability to the blind. Looking at the results obtained under Section I, *Self-Adjustment*, the greatest deviations from the norms are found in the components Personal Freedom, Feeling of Belonging, Withdrawing Tendency, and Nervous Symptoms. In Section II, *Social Adjustment*, low scores appear primarily in School Relations, Anti-Social Tendencies, and Social Skills. An analysis of the various components reveals that certain low scores are the result of factors that are little influenced by the handicap itself. The fact, for instance, that all of the blind subjects tested live in institutions has undoubtedly some bearing on the low scores of certain components. There they are surrounded by the restrictions of routine inevitable in institutional life—for example, greatly curtailed freedom of contact with the opposite sex. Also, for the greater part of the year they live segregated from their family and their com-

² For a description and discussion of the test see Chapter II.

³ For details see Chapter II.

TABLE 2
PROFILE OF 68 BLIND BOYS AND 75 BLIND GIRLS ON THE CALIFORNIA TEST OF PERSONALITY

Components	25	30	35	40	45	50	55	60	65	Norm	Median	Mean	Total	M	F	Mean	Total	M	F	
										Percentile										
I. SELF-ADJUSTMENT																				
A. Self Reliance	50	52.0	45.0	52.0	45.0	52.0	52.0	52.0	52.0	50	37.7	36.1	40.7	46.5	44.4	46.7	50	52.0	51.5	
B. Sense of Pers. Worth	50	52.9	50.0	56.0	52.9	50	52.9	50.0	56.0	50	32.5	31.5	38.0	41.0	37.5	33.0	38.8	44.6	37.5	33.0
C. Sense of Pers. Freedom	50	33.5	31.5	38.0	41.0	50	33.5	31.5	38.0	50	34.5	34.5	30.0	40.5	34.5	34.5	34.5	34.5	34.5	34.5
D. Feeling of Belonging	50	37.5	33.0	38.8	44.6	50	36.2	33.1	39.1	40.7	50	48.5	49.5	42.0	47.0	48.5	48.5	49.5	49.5	48.5
E. Withdrawing Tendency	50	34.5	30.0	40.5	42.0	50	36.2	33.1	39.1	41.7	50	34.8	44.5	57.0	47.0	34.8	40.5	47.0	47.0	34.8
F. Nervous Symptoms	50	42.0	47.0	40.5	42.0	50	40.7	43.3	40.7	43.3	50	37.0	34.5	37.5	41.3	37.0	36.5	38.3	43.3	37.0
II. SOCIAL ADJUSTMENT																				
A. Social Standards	50	54.8	44.5	57.0	47.0	50	54.8	44.5	57.0	47.0	50	41.3	40.1	40.1	43.2	41.3	40.1	40.1	43.2	41.3
B. Social Skills	50	43.8	40.5	47.0	48.0	50	62.0	60.5	62.0	59.0	50	29.4	29.0	29.7	39.4	37.0	34.5	37.5	41.3	37.0
C. Anti-Social Tendencies	50	41.3	40.1	40.1	43.2	50	37.0	34.5	37.5	41.3	50	38.0	36.5	38.3	41.5	38.0	36.5	38.3	41.5	38.0
D. Family Relations	50	62.0	60.5	62.0	59.0	50	37.0	34.5	37.5	41.3	50	37.0	36.5	38.3	41.5	37.0	36.5	38.3	41.5	37.0
E. School Relations	50	29.4	29.0	29.7	39.4	50	37.0	34.5	37.5	41.3	50	38.0	36.5	38.3	41.5	38.0	36.5	38.3	41.5	38.0
F. Community Relations	50	37.0	34.5	37.5	41.3	50	37.0	34.5	37.5	41.3	50	37.0	36.5	38.3	41.5	37.0	36.5	38.3	41.5	37.0
TOTAL ADJUSTMENT																				
	50	52.0	45.0	52.0	45.0	50	52.9	50.0	56.0	52.9	50	37.7	36.1	40.7	46.5	44.4	46.7	50	52.0	51.5

Legend: — profile of the total group

..... profile of male group

— profile of female group

Percentile 50 represents the norm.

munity. These facts probably influence the test results to a great degree and color the whole personality picture.

The component Personal Freedom, for instance, includes such questions as:

Are you allowed enough time to play and have a good time?

Do you feel that you are given enough liberty in doing what you want to do?

Do you have to do what other people tell you most of the time?

Are you sometimes allowed to go out with members of the opposite sex?

The fact that the answers to questions like these are predetermined for many persons living in institutions indicates how established tests for normal seeing people may prove misleading when applied to the blind or to any other group of the handicapped. Most seeing adolescents live at home and their lives are influenced by the freedom, privileges, and problems which arise as the result of life within the family. They grow up in an environment comparatively free from restrictions in social contacts, especially with the opposite sex.

The relatively, perhaps unexpectedly, high scores in the two components Self-Reliance and Sense of Personal Worth may be partly due to the fact that here again the institutional environment has a definite influence on the attitude of the subject tested. In an environment which is geared to the special needs of the blind and in which all of their associates suffer from a similar defect, feelings of inferiority can be greatly reduced or at least become less evident than if the subjects lived in ordinary surroundings with greater competition with seeing students. Moreover, educational and mental hygiene procedures in residential schools are especially planned to help the student overcome feelings of inferiority, fears, worries, and so on, and thereby lessen the burden of his handicap.

Fairly high scores, especially among the girls, were obtained when Social Standards were tested. This may be explained by the fact that in institutional life a more deliberate attempt is made to establish certain social habit patterns than in family life. This may also account, to a large degree, for the acceptance of certain social standards which are necessary for group living in an institution. Rules and regulations under such a set-up differ greatly from those which order life in the family circle, and the consequences of disobedience or any anti-social conduct are more strongly felt by those living in an institution than by those living in normal home surroundings. Consequently, it is only natural to find that most of the answers to the following questions were negative:

Is it all right to avoid responsibility or work if you are not required to do it?
Does finding an article give a person the right to keep or sell it?
Is it all right to disobey teachers if their requests appear to be unfair?

The profile reveals further that, next to Sense of Personal Freedom and School Relations, Feeling of Belonging and Withdrawing Tendencies show the poorest scores. In Withdrawing Tendencies the girls produced even worse scores than the boys. They also rate more poorly on the component Nervous Symptoms. Analyzing the various items which constitute the two factors, Feeling of Belonging and Withdrawing Tendencies, the writer is inclined to think that the affliction of blindness itself has a definite bearing on these results. Feelings of inferiority—as indicated in excessive sensitivity and self-consciousness—feelings of insecurity in physical and social respects, and physical and economic dependence may be the natural outgrowths of a disability such as blindness. However, it must be borne in mind that poor scores may not always be indicative of poor adjustment of a handicapped person; analyzing the replies to some of the items the opposite may be found. For instance, the reply "no" by a normal person to the question, "Do you attempt new games at parties even when you have not played them before?" may indicate withdrawing behavior for a seeing person, whereas for a blind person it may very well signify good common sense and wholesome behavior based on rational adjustment to a special situation. An item analysis also reveals that the test includes many questions which can be answered only in one way just because of the existence of the sensory defect. For example:

Do you usually feel uneasy when you are around people you do not know?
Do you find it hard to meet people at social affairs?
Do you often play games with young folks in your neighborhood?

The rather high score in nervousness among the blind may, in many instances, be attributable to disorders coincidental with certain eye diseases, and especially those eye diseases which are connected with pathological affections of the central nervous system: cerebro-spinal meningitis, congenital syphilis, certain brain tumors, and others.

Finally, let us look at the scores for the components Family Relations and School Relations. They represent the extremes in the scores, the former showing the highest, the latter the lowest, score in the entire profile. How can this discrepancy be explained? Do these scores give a true picture of the actual situation? In order to answer these questions, the various items on which the scores are based must again be analyzed.

First, it should be mentioned that the subject showed great reluctance toward revealing family relationships. This fact was confirmed by nearly all the testers in the various schools. This feeling was expressed partly by remarks or attitudes indicating unwillingness, and partly by actual statements indicating resentment at having to reply to questions which reveal family relationships. However, this attitude of reluctance changed when the test was administered individually after good rapport between the interviewer and the subject had been established; in such cases occasional scores on family relationships were low. This would seem to indicate that the unusually high scores did not present a true picture but resulted rather from a desire to cover up unfavorable home conditions and to conceal the lack of emotional and social security in home and family life.

A second factor causing the discrepancy in scores may be that the school, and especially the residential school, plays a different role in the life of the blind child from that of the seeing child. In many instances it functions partly as a substitute for home and family, and the teacher partly as a substitute for the parents. In the course of the writer's teaching and guidance experience in institutions for the blind, she noticed that especially in cases where children had been rejected by their parents, the school frequently became a place where they tried to release their aggressiveness and anxieties, the frustrations and unpleasant experiences which they had undergone in their own home and outside it. They simply displaced or transferred to their teachers some of the grudges, hostilities, and dissatisfactions which they might have felt (but could not always express) toward their parents and siblings.⁴

Another factor that might have influenced the School and Family Relations scores is that discussed in a study by Joseph Bonapart⁵ on children placed in foster homes. Experts in the field of foster home placement have observed that intensification of affectional relationships between parent and child followed separation. Obviously, parental antagonism and children's conflicts, such as petty annoyances, disobedience to orders, or resentment toward responsibilities, are avoided by the child's removal from the home. The conflicts still take place, but the boarding school becomes the battleground and serves as a buffer for the parents. Practically all admonitory and correctional work is

⁴ Professor P. M. Symonds discusses a similar thought in the chapter "Teacher-Pupil Relationships," in *The Psychology of Parent-Child Relationships*, pp. 172-175. New York: D. Appleton-Century Co., 1939.

⁵ Joseph Bonapart, "Reciprocal Attitudes of Parents and Adolescent Children Where These Children Are Being Cared for Away from Home," *Proceedings of the National Conference of Social Work*, 1930, p. 220.

assumed by those who substitute for the parents. The school issues orders and demands observance. It requests that "things be done." The school utters the "don'ts," the essence of all antagonism. At the adolescent level, these "don'ts" are felt and resented more strongly than at any other age level.

Perhaps it will come as a surprise to some workers among the blind to find that, on the basis of this study, the girls as a group indicate a slightly better adjustment than the boys. This statement seems even stranger when we compare the final test results of the present study with those of Brown's research,⁶ for the latter reveals blind girls as showing greater maladjustment with regard to neurotic tendencies and a greater tendency to introversion. A partial explanation may be found in the fact that Brown's and the writer's studies did not investigate identical aspects of personality. A closer comparison reveals that the results of the two studies become more nearly identical when attention is centered—as much as this can be done—on the same traits: e.g., the present research discloses, as did Brown's, that the girls as a group have stronger withdrawing tendencies and show more nervous symptoms than the boys. A possible explanation for the fact that the girls are slightly better adjusted socially than the boys may be—and this is a common observation in schools for the blind—that the girls find it less difficult to adapt themselves to the institutional environment which imposes many more regulations and restrictions than the usual home. Finally, it may be that, at the adolescent level, girls have a greater tendency toward self-deception than boys and are more in need of a defense mechanism such as denial of certain shortcomings.⁷ On the other hand, feelings of inferiority on the part of the blind adolescent boys seem to be accompanied frequently by the compensatory mechanism of bravado, a fact also indicated by the studies of Muhl⁸ and Brown.⁹ This bravado mechanism may partly account for Brown's finding that blind boys "present a somewhat more extroverted appearance than seeing boys."

⁶ For a discussion of Brown's work see Chapter I.

⁷ Frenkel-Brunswik made a similar observation after applying an "Adjustment Inventory." She writes: ". . . in the case of those most direct questions, it is the person who is very maladjusted in the opinion of adults who shows the greatest tendency toward self-deception. The fact that individuals who are rated very maladjusted describe themselves as very well adjusted when directly asked may be taken as an example of a defense mechanism (i.e., denial)." "Motivation and Behavior," *Genetic Psychology Monographs*, 1942, p. 243.

⁸ See Chapter I.

⁹ See Chapter I.

Summarizing, it may be stated on the basis of the *scores* that

1. In most aspects measured by the test the blind as a group fall definitely below the norms of the seeing.
2. The blind girls seem to be slightly better adjusted than the blind boys.
3. There is a decided feeling of insecurity in the child growing out of the fact that he does not belong permanently to any setting, such as the family, the school, the neighborhood, or the community.

Judging from the scores alone, one might be led to look upon the handicap and its emotional and physical implications as the fundamental cause for maladjustment. However, conceding that blindness intensifies the problems of personal and social adjustment, it is not at all certain, when various factors are taken into account, that the defect can be considered the causative or major factor in maladjustment. Most of the questionnaires designed for use with normal seeing subjects include questions that seem to discriminate against the blind, for the actual living conditions of these two adolescent groups differ from each other in many significant respects. The Heiders¹⁰ come to a similar conclusion in their study of the deaf. They state:

Before any such quantitative measures, designed as these were for an average hearing population, can be offered for use with the deaf it will be necessary to make broader analyses of the whole life situation of the deaf person to find out at what points the restrictions imposed by his deafness become psychologically important, and what the "normal" and expedient ways of adjusting to his situation are. Adjustment has no meaning in itself. It is always adjustment to a concrete situation.

From the results of this approach it may be concluded that the personal and social adjustment of the blind or of any other group with a major handicap cannot be adequately measured by and compared with the adjustment of the so-called normal by the use of personality tests that have been standardized with so-called normal persons, and that an individual's adjustment to his affliction can be viewed and evaluated only in relation to his total growth pattern and his total social environment.

¹⁰ Fritz Heider and Grace Moore Heider, "Studies in the Psychology of the Deaf," *Psychological Monographs* No. 242, 1941, p. 66.

CHAPTER IV

SURVEY OF PERSONAL AND SOCIAL PROBLEMS

This chapter is devoted to a broad survey of certain problems peculiar to blindness and presents a preliminary study of the social and psychological environment of the blind. The data on which this survey and analysis are based were derived from answers to two questionnaires, one designed for the parents, the other for their blind children.

As pointed out in Chapter II, there are obvious limitations inherent in questionnaires as instruments for investigating reactions, conflicts, and so on. Their principal weakness is that they cannot bring into the open unverbalized attitudes which are of great significance for the understanding of the dynamics of behavior. They were used here merely as a device for uncovering some of the problems of special interest in this study and as a means of inviting the blind, if possible, to express their feelings and attitudes toward their disability.

Any study and interpretation of adjustment must be based on an investigation of the environment to which the adjustment is to be made. Accordingly, this study proceeded on the premise that the problems manifest in the responses of the parents of the blind children would indicate the type of parental environment and mental attitude to which these children had to adjust, and that the problems revealed by the responses of the children would indicate the manner in which the blind children adjusted to this environment.

In order to get a broad view of the subject under consideration, it was found desirable to use many questions—a great many more than can be discussed in this chapter.¹ Since this chapter is intended to provide only the background and the basis for subsequent chapters, limited attention is paid here to the statistical aspects of the material presented. This chapter will merely introduce and outline certain problems that will be dealt with more fully later on. It should be pointed out also that the answers presented do not constitute a complete record of the answers to the various questions. They have been selected for use here when they have seemed to be typical of the general response to the questions to which they relate.

¹ It is hoped that the material that can not appear here can be made available in a later study.

Child-question No. 15: In what way has your life been different from your brothers' and sisters?

<i>Differences in favor of seeing:</i>	<i>Number of Cases</i>
a) Estrangement from family by living away from home.....	52
b) Restricted contacts as to friends, other sex.....	16
c) Limited activities and pleasures.....	12
d) Differences not specified (haven't gotten as much fun out of life)	8
<i>Differences in favor of the blind:</i>	
e) Better educational training.....	12
f) More maturity, insight	11
g) Differences not specified.....	9
Total	120

Quotations:

- a) "After staying in school all the year, I find that when I go home for the summer, everything has changed. It seems that I almost have to learn everybody over again. Many things have taken place during the winter that I couldn't take part in."
- "I don't like to say this, but it gives me the feeling which I know to be false that when I leave home for school after my vacation that I am somewhat forgotten about."
- "It makes me strange to my family and I have not the friendship of brothers, sisters, and friends."
- "When I get home in summer I feel as though I am in a world I do not belong. And when I finally get used to home life, time is up and I have to go back to school."
- "Since I have always been away from home I feel that I have missed a lot of affection of the family."
- b) "One misses most the opportunities of knowing people in your home town and it's hard to keep the acquaintance with sighted friends if you are 9 months away from home."
- "I have a harder time talking and mixing with seeing people."
- "It changes my parents' attitude toward me and makes them feel as though it were a novelty for me to be at home. It greatly hinders my contact with other boys and girls outside of school."
- "To live in a boarding school for the blind means to live with people who are worse and more bitter than those with whom I would have otherwise lived."
- c) "I have never been as active as my sister on account of my handicap."
- "My life has not been as broad as that of my brothers and sisters because I have missed the fun of seeing nature scenes and playing of games requiring sight and I am not meeting as many people."

- e) "I have had better advantages in education."
"I have more cultural interests and a better taste for good books, music, etc."
- f) "Our enjoyments are different. They like things that can be seen, while I like things with thought and hidden beauty."
"I have been more quiet and refined."
"They most generally run around quite a bit and I confine my activities at home, reading or doing other things that I like to do."
"Due to the fact that I have been at a boarding school all of my life makes things different. I have learned a great more about living than they. I have had experiences that they will never have."
"I began to think sooner in life, and by that thinking have acquired a more serious outlook on the future."

From the tabulation of responses and from the statements of blind youth presented above it seems that the primary difference between the life of the blind child and that of his seeing siblings is his extended absence from his home and community. Judging by the data given his family and the seeing members of his community lack sufficient opportunity to become acquainted with him and he lacks opportunity to become acquainted with them. Apparently this lack of mutual acquaintance gives rise, in the blind person, who has the normal urge for socializing, to a feeling of estrangement, a sense of not being understood or appreciated. Then, too, adolescence with its significant physical and profound emotional changes and its increasing power to reason more deeply probably also accounts, to a considerable extent, for whatever estrangement takes place, for neither the parent nor the child, it seems, fully understands these changes.

Interestingly enough, the feeling of not being understood or appreciated is frequently compensated for, in a characteristic way, by rationalization; this is demonstrated in the responses under *e* and *f*. Often this rationalization is supported by institutional indoctrination growing out of a desire on the part of a seeing teacher of the blind to play down the real limitations of his pupils. The following quotation is an example of how the deaf also resort to this form of compensation:²

My life was different from that of my brothers and sisters . . . because I spent the greatest part of my childhood at an institution, in an environment of culture, learning, and good breeding. I found it difficult when I went home for my vacations to readjust myself to their way of living. . . Even now I have my own desires and thoughts which I never share with them

² Heider, Fritz, and Heider, Grace Moore, "Studies in the Psychology of the Deaf," *Psychological Monographs* No. 242, 1941, p. 118.

even though I am very fond of them. I don't believe they ever realized how the change from the life at school where everything was done by routine to the harum-scarum life of a bustling family affected me.

Living away from home would have an effect on any child, but the effect on a blind child is even more far-reaching in that it increases the gap between him and the seeing and thus imposes an additional limitation on his already restricted social contacts, and intensifies the difficulties of making a wholesome personal and social adjustment to a normal environment. This factor was pointed out in the discussion of the results of the California Personality Test.

Child-question No. 5: At home do you feel you have as good a time as your brothers and sisters?

Parent-question No. 5: At home does he seem to have as good a time as his brothers and sisters?

	<i>Child</i>	<i>Parent³</i>
Yes	51	60
No	21	12
Total	72	72

Replies of blind children:

- a) 36 yes, without comments
 - b) 29 yes, "most of the time"
 - c) 9 yes, just as pleasant as seeing siblings
 - d) 6 yes, different in kind but equal or superior to such of seeing siblings
 - e) 13 no, without comments
 - f) 10 no, has no friends like siblings
 - g) 9 no, too limited in activities
 - h) 8 no, too dependent on sibling or other seeing people
- 120 total

Replies of parents of blind children:

- a) 46 yes, without comments
 - b) 8 yes, has many interests of his own
 - c) 6 yes, participates in family affairs
 - d) 9 no, complains that young seeing people have no interest in him
 - e) 3 no, no friends, dependent on his siblings
- 72 total

³ Where parent- and child-questions are similar, the answers of the 72 parents are compared with the answers of their 72 children.

Quotations from blind children:

- c) "Yes, I join them in their work and play."
- d) "Yes, but in a different way; I have to read, knit, write letters. My sisters are at a restless age. They wouldn't be able to sit still to accomplish anything. You know how seeing children are."
- f) "No, because I have no friends at home, therefore I have very little entertainment."
- g) "No. I can't do as many things as they do; I can't take part in their games. I usually sit down and listen."
"No. I can't always do the things my sister does but I do not always care to do them either."
- h) "No. I have always to wait until somebody has time to take me to places or friends."

Quotations from their parents:

- b) "Yes. He always seems to be happy. When he cannot associate with the other children he occupies himself."
"Yes. There is almost always something he likes to do: play the piano, listen to the radio, reading, playing with the dog."
- c) "Yes. He is included in all the family affairs and when the other children go out he is never left behind."
- d) "No. He complains about the young folks who have no interest in going out with him."
- e) "No. Whenever she goes to a social gathering, primarily dance, she is expected to sit on the sidelines listening. She has tried to mingle but she feels spurned and is discouraged about going anywhere."
"No. He feels very dependent on his brothers as he always has to wait that somebody has to take him out wherever he wants to go."

	<i>Blind</i>	<i>Seeing Children</i> ⁴
Yes	80	72
No	40	8
Total	120	80

In addition to the group of 120 blind adolescents, the above child-question was given to a group of 80 seeing subjects. Comparing the YES and NO responses of both groups, we find that 33 per cent of the blind and only 11 per cent of the seeing state that they do not have as

⁴ Where child-questions were submitted to seeing children, the answers are compared with those of the blind.

good a time as their siblings. Only 20 per cent of the parents admit that their blind children have a less enjoyable time than their seeing children. Significantly, most of the YES answers of both parents and children are given without comment or are non-committal (see tabulations *a* and *b*). We may well wonder to what extent these answers can be taken at their face value; it is possible that these non-committal answers spring from a reluctance, especially on the part of the parents, to admit that the home life of a blind child may be less enjoyable than that of his seeing siblings.

The children's comments added to the NO answers tabulated under *f*, *g*, and *h* reveal frustrations and deprivations connected with social life, stressing limitations brought about by the handicap. Their main problem seems to lie in the fact that they are unable to travel by themselves. The parents seem to be even more conscious of the aspects of the social exclusion of their children (see tabulations *d* and *e*). The awareness of the social isolation of their children manifests itself even in some of the YES answers of the parents. They point to the fact that their children find happiness and satisfaction in activities by themselves rather than in participation in a group (see tabulation *b*). Perhaps the parents are hesitant to face the truth because they fear that it might be considered a reflection on themselves, indicating that they have failed to provide a happy home life for their handicapped children.

Child-question No. 3: Do your brothers and sisters think you are favored in the family?

Parent-question No. 2: Have you noticed whether his brothers and sisters think he is favored at home?

Replies of blind children:

- a) 92 no, without comment or with general statement
 - b) 8 yes, without stating special reasons
 - c) 14 yes, because of handicap
 - d) 6 yes, because of being away from home during the year
-

120 total

Replies of parents of blind children:

- a) 42 no, without comments
 - b) 20 no, special effort is made not to make any difference
 - c) 6 yes, he gets everything he asks for
 - d) 4 yes, there is a tendency to spoil him
-

72 total

	<i>Child</i>	<i>Parent</i>
Yes	11	10
No	61	62
Total	72	72

Quotations from blind children:

- a) "No. They never say anything to that effect."
 "No, at least if they do so it is not very much, because they never seem jealous or resentful."
 "No. We all are favored the same."
- b) "Yes, because I get what I want."
 "Yes. My sister admits that I am favored, but not in a jealous way, because both she and my mother spoil me."
- c) "Yes. My brothers and sisters think I am favored because I am blind."
- d) "Yes. I think I am favored, not because of my sight but because I am away from home."

Quotations from their parents:

- a) "No. We have tried not to make any difference for their own good."
 b) "No. I tried to treat them both the same way as I did not want to spoil the blind boy if possible."
 "No. There is no favoritism in our home but the children are required to be helpful and considerate of D."
 c) "Yes. Of course he is spoiled by us all. He is our baby, nothing is too good for him. His brothers have always given him everything he has wanted and asked for."
 "Yes. She is favored more in our home than the other children because we try to do as much as we can to make her feel happy and to forget her misfortune."
 d) "Yes. I feel there is a tendency of the other children to favor him."

	<i>Blind</i>	<i>Seeing Children</i>
Yes	26	28
No	94	52
Total	120	80

Child-question No. 4: Do you yourself think you are less favored in the family?

Parent-question No. 3: Would you say that he himself thinks he is less favored than his brothers and sisters?

	<i>Child</i>	<i>Parent</i>
Yes	3	7
No	69	65
Total	72	72

Replies of blind children:

- a) 78 no, without comments
- b) 26 no, there is no favoritism in our home
- c) 10 no, blind child feels favored
- d) 6 yes, feels less favored because of inadequate treatment

120 total

Replies of parents of blind children:

- a) 65 no, without comments or specified reasons
- b) 7 yes, child feels less favored

72 total

Quotations from blind children:

- b) "No. My parents try to treat all of us equally."
"No, because mother is careful not to favor any of us."
"I am not any more or less favored than my brothers and sisters."
- c) "No. I think on the other hand that I am favored too much in the home."
"No. I don't think I am less favored—in some cases I am more favored but I discourage this as much as possible, as I feel very uneasy if I am favored when it is not absolutely necessary."
- d) "Yes, because I am not given the privileges as the rest of them because of my sight."
"Yes. At parties when things are given out, I do not get as much as my sisters and brothers do."

Quotations from their parents:

- b) "Yes. I had a hard time explaining to him that each child has a separate place in our hearts and that we wouldn't do more for one than the other, but that we would do everything possible for all."
"Yes, because she has less possibilities to go out and to associate with friends."

"Yes. This child is at an age where she realizes her condition. She does not complain, however I know the many times she is hurt and perhaps made to feel a little jealous of two more fortunate sisters who are always taking part in the activities around them. The young people are inconsiderate without realizing their cruelty. Even though the family tries to include her, she will not participate because she has not been invited by someone outside the family and that makes her feel she is not wanted by the friends of her sisters."

	<i>Blind</i>	<i>Seeing Children</i>
Yes	6	18
No	114	62
Total	120	80

From the tabulated results of Child-questions number 3 and number 4, we find that the percentage of answers, indicating non-equal treatment, such as either to be more favored or less favored than their siblings is far higher for the seeing than for the blind. In Child-question number 3, 36 per cent answers for the seeing compare with 22 per cent answers for the blind; in Child-question number 4, 22 per cent of answers for the seeing compare with 0.5 per cent for the blind. As was the case with the California Personality Test, it is possible that many of the blind subjects were more reluctant than most of the seeing to reveal the true status of their family relationships. This may be due to a feeling of emotional and social insecurity on the part of the blind child growing out of the fact that, in many cases, he feels himself to be a "stranger" in his home and in his community.⁵ Moreover, the blind child himself frequently may not know how he feels about his position in the family or his family relationships. His great difficulty may arise from his inability to understand these relationships. He may not be able consciously to describe his situation in the family circle because he is filled with fear and conflicts. For example, it was clear in the course of one personal interview that the child asserted that both parents preferred him to his brother because this was what he wanted to believe. As the interview progressed and a change in approach enabled him to talk freely, he was able to reveal his true feelings, stating that his mother usually sided with his brother and that his father never discussed anything with him or let him help in the store. His brother also received a larger allowance than he did. A similar situation was found to exist with

⁵ See replies to Child-question No. 16 under Quotations *a*, Chapter IV.

the component Family Relations on the California Personality Test.⁶ Its recurrence here impels the writer again to emphasize the difficulty of really discovering the subject's attitudes and feelings through direct questions.

It also seems difficult for the parents to face certain facts; They are afraid, for instance, to admit that their blind child feels less favored than their seeing siblings because they think it may indicate lack of affection on their part for their blind offspring.

Child-question No. 17: In what kind of situation have you been most aware of your handicap?

a) When people refer to my handicap or feel sorry on account of it or try to help too much.....	19
b) When going to or eating at a strange place.....	14
c) When crossing streets, travelling, or window shopping.....	12
d) At sports and games requiring sight.....	16
e) When going shopping.....	8
f) When wanting to go places.....	7
g) Stumbling or bumping in front of others.....	6
h) When being left out of social activities.....	5
i) In social gatherings or groups as the only blind.....	4
j) In meeting children "who are afraid of blindness".....	4
k) When dropping something and being unable to pick it up.....	3
l) No answer	22
Total	120

Quotations:

- a) "When people pity me because I cannot see."

"I went out with a teacher to a concert; we travelled by bus. I have enough vision to get on and off a bus without being told when to step, and being clung to as if I would run away. Everytime there was a step she would say "Step" in no quiet voice and I know everyone was looking me up and down. It made me feel like crying."

"If someone insults me by trying to do things for me instead of letting me do them myself."

"If I am treated like a baby in public because I am blind."

- b) "When I sit down to eat with people whom I don't know so well and my mother fixes my plate it makes me feel more blind."

- c) "In driving along the countryside."

"I have been most aware of my handicap when travelling."

⁶ See Chapter III.

- d) "Hardly ever at school but half of the time at home, especially when my seeing friends play games."
"When I am with a group of seeing people who do something that I can't do, it makes me wish more than ever that I could see."
- e) "I think that buying something in a store bothers me most."
- f) "When I want to go somewhere. I don't like to depend on someone all the time when I want to go places."
- g) "The time when I went to a dance and my partner and I got all tangled up."
"Banging into walls when people are around."
- h) "I feel most conscious of my defect when others are doing something and I am left out on account of my blindness."
- i) "When I went to a girl scout camp and I was the only blind girl there."
- j) "When going to church or other places and children are scared to talk to me."
- k) "When I can't find something I've dropped."

As we study the various items under which the replies to Child-question number 17 are tabulated, one fact stands out clearly: the social attitudes and conditions engendered by the handicap seem to play a far greater role in the creation of frustrations and emotional disturbances in the blind subjects than did the sensory privation itself. Every one of the above statements (which are typical of the entire body of the replies to this question) point to the fact that awareness of the handicap results, not so much from the lack of sight as from the elements in the social situation that blindness creates, such as excess of sympathy and help, unnecessary attention, or being looked upon as an object of curiosity or pity. Cutsforth makes a similar observation. He asserts⁷ that in his clinical investigations into the emotional life of the blind he has never found any evidence that emotional disturbances result from blindness. He writes:

The congenitally blind, never having known experientially what vision is, suffer no feeling of privation save it is defined for them in their social relations.

He adds that it is difficult for the seeing to realize "that the blind are not suffering tormenting privation from the loss of sight." The replies

⁷ Thomas D. Cutsforth, *The Blind in School and Society*. New York and London: D. Appleton & Co., 1933, pp. 122-125.

to the question under consideration which are an expression of resentment toward and annoyance over the attitudes and reactions of the seeing, are in entire conformity with Cutsforth's observations and findings on this aspect of the problem.

Child-question No. 15: What do you feel one misses most by being unable to see?

I. Social Activities and Contacts

a) Sports, games, car-driving, travelling.....	18
b) Movies, exhibitions, reading material.....	12
c) Independence	12
d) Normal home life, social life in general.....	10
e) Association with seeing.....	9

II. Enjoyments of Certain Sights

f) Nature (beauty, scenery, sunset, color, etc.).....	17
g) Facial expressions	14

III. General Statement

h) Grasping activities, situations.....	6
i) Difficult to formulate.....	5

IV. No Deprivation

j) Nothing—I gained	4
k) Nothing	13

Total 120

Quotations:

- a) "That I am unable to participate in sports."
"I can't drive a car."
- b) "Being unable to read newspapers."
- c) "The feeling of complete freedom."
"Getting around alone."
"I miss being independent."
- d) "Being able to stay at home with my family like my sisters and brothers."
"Being treated normally by the people of my home town."
- e) "Going out with boys who can see."
"Associating freely with seeing young people."
- f) "The beauty of nature, such as scenery."
"The change of seasons."

- g) "To see what people look like, especially my parents."
 - "I would like to know what my boy friend looks like even though everyone tells me is very handsome."
 - "The expression of people's faces when I tell things to which they do not answer readily."
- h) "We do not know what is really going on around us."
 - "All the things we cannot feel."
 - "We miss seeing what the world is like."
- i) "I can't say because I don't know what seeing is like."
 - "I hardly know, probably more in the social world."
 - "It is hard to say what one really misses."
- j) "I really don't think I am missing anything."
 - "I think I have gained by having a better education than my sisters have."
 - "I have gained because I have enjoyed things with hidden beauty."

On the basis of the answers given to the above question, four types of reactions to the lack of sight may be noted. The first group, which represents the majority (50 per cent), refers to restrictions in social activities, in social contacts, and in social competence because of inability to move about freely and easily without help. The evidence presented by these replies is in accordance with the findings made in connection with the preceding question, "In what kind of situation have you been most aware of your handicap?" namely, that the awareness of lack of sight is strongest in social situations where activity is restricted and competency impaired.

The second group (25 per cent) mentions missing the sight of things, such as the beauty in nature, scenery, colors, etc., or facial expressions of family members, friends, and so on. An analysis of the statements of the second group, especially those which mention missing the beauty in nature, indicates that these blind persons may have adopted the attitude of their seeing associates instead of expressing their own feelings. As was previously pointed out, Cutsforth⁸ refers to systematic studies which seem to indicate that there is no specific desire on the part of the congenitally blind or those blinded in early childhood to see for the mere sake of seeing.

In the third group (10 per cent) the subjects express inability to understand what it means to see or to formulate in words what one misses by being unable to see. The replies (tabulated under h) indicate that some blind persons are conscious of the fact that lack of vision limits

⁸ Thomas D. Cutsforth, *op. cit supra* note 7, p. 126.

the ability to grasp in detail the total physical and social situation of their environment.

The fourth group (15 per cent) includes those who say either that they gain rather than miss anything or that they miss nothing, rationalizing their handicap to such an extent that they totally reject the realities of their situation.

Child-question No. 13: Is there anything that especially worries you? If so, what is your main worry?

	<i>Blind</i> <i>Yes</i>	<i>Seeing</i> <i>No</i>
No, without comments	28	6
Yes, without comments.....	10	7
a) Schoolwork, tests, teachers.....	28	24
b) Own future and future of the world (finding a job, financial insecurity, etc.).....	24	8
c) Making a good impression on the opposite sex, being popular	12	10
d) Family problems	8	13
e) Feeling self-conscious	4	..
f) Concerning eyesight (future operation)	3	..
g) Whether able to go to college.....	3	4
h) Whether brother comes home from the war and about the war in general.....	..	7
i) Not having faith in God.....	..	1
Total	92	74
	—	—

Quotations:

- a) "I worry about my marks in school."
"I worry about my assignments, whether I can finish them in time."
- b) "What I am going to do when I graduate."
"If I will be able to support myself."
"What I am going to do in life, how I will get along with people."
"I worry about what I will do when I grow up."
"I worry mostly about the problem of trying to make myself self-supporting so that I won't always have to depend on financial help."
- c) "Sometimes when I am dancing I feel a little dubious as to whether my dancing is up to par or not, but they are teaching us dancing here at school, which is a comfort."
"I worry about my acting in front of people."
"I am concerned about what kind of an impression I make upon members of the opposite sex especially because of my handicap."
- d) "My mother because she is not well."

"Mostly family affairs because if you are away from home so much, you naturally think of it more."

e) "I worry about being so self-conscious."

"Whether I can make myself appear as sighted as possible in the seeing world."

f) "I worry whether an operation will help to make me seeing."

g) "I worry about whether I'll make it in college."

A comparison of the tabulation of the replies given by both blind and seeing subjects to the Child-question No. 13 reveals that 23 per cent of the blind and only 8 per cent of the seeing state that they do not worry. There seemed to be a reluctance on the part of the blind students to admit their worries lest their handicap be held to account for them in the mind of the seeing.⁹ The rest expressed worries of various kinds. The main anxiety of each group is expressed with respect to school problems; 23 per cent of the blind and 30 per cent of the seeing make statements to this effect. 20 per cent of the blind mention worries concerning problems of the future, such as finding a job or being financially dependent, and only 10 per cent of the seeing express similar concern. Among the seeing family problems rate second, while they rate third among the blind. The tabulated results indicate that blind and seeing seem equally concerned about their personal appearance, about the impression they make on the opposite sex, and finding a boy or girl-friend. Some of the blind are specific as to their problems and it is evident that their self-consciousness stems from the limitations imposed by their handicap. For instance, one student said, "I worry whether I can make myself appear as sighted as possible in the seeing world." Another remarked, "I worry because I am so self-conscious among seeing people."

Summarizing, we may say that the blind and the seeing in this study indicate worry about the same kind of problems. The difference between them appears to be one of emphasis rather than of kind. More of the seeing than the blind say they worry about school problems, while more of the blind than the seeing say they worry about problems of employment and financial security. A more penetrating study of the items seems to reveal a tendency on the part of the blind to be a little more egocentric in their concerns (see *d* and *h*).

⁹ A somewhat similar observation is made by Habbe with respect to the deaf in *Personality Adjustments of Adolescent Boys with Impaired Hearing*. New York: Bureau of Publications, Teachers College, Columbia University, 1936. He found that only 13 out of 48 hard of hearing boys mentioned special troubles whereas 21 out of 48 normal hearing boys mentioned difficulties of one sort or another. Only 6 of the 48 boys considered their hearing loss a trouble.

Child-question No. 14: What do you wish for most in life?

	<i>Blind</i>	<i>Seeing</i>
I. Personal happiness and success (unspecified).....	10	18
II. Personal happiness and success (specified)		
a) Securing an education or a position as a means of making a living and having a home.....	48	18
b) Being married and having a family.....	5	16
c) Having a professional career and personal and social recognition	20	13
d) Sharing success and happiness with family or doing something for the benefit of others.....	8	12
e) Making money	2	3
III. Wishes related to handicap		
f) Regaining sight	12	..
g) Regaining sight to be fully independent or to be of help to others	8	..
h) Living like a sighted person and getting along in the sighted world	5	..
i) Overcoming self-consciousness	2	..
 Total	<hr/> 120	<hr/> 80

Quotations:

- a) "The things I wish most in life are that I can be as independent as possible in all ways."
 "To live by my own hand; not to live on people's charity."
 "I wish most of all to be self-supporting and generally independent of those around me."
- b) "I wish to graduate and lead a life like a normal person. I wish most of all to marry and to adopt four children."
 "I would like to have, when I am fully grown, a home and a family of my own."
- c) "I wish to be a great musician and some day be on the radio and get a lot of fanmail that will be interesting to read."
 "I wish to show the world that blind people can do more than sit on the street corners and beg."
- d) "I want to be a success in some field and want to have the wisdom to help youngsters solve their many difficult problems. Life doesn't hold much if we aren't willing to share."
 "I wish to succeed in life, overcome my handicap, and to prove it by being capable of taking care of my parents in their old age."
- e) "I want to make heaps of money."
- f) "The thing I wish most of all for myself is that some day I may see and write a book which will become famous."
 "I wish most for the restoration of my sight."

- g) "I wish I could see so that I could help my father earn money."
- "To get my eyesight back in order to be of some good to my family."
- h) "I wish most to overcome my handicap and the obstacles created by it and live like a sighted person."
- i) "I wish most to get rid of my self-consciousness."

Parent-question No. 20: Are you very much worried when you think of his future? If so, in regard to what problems?

Yes *No*

9	8	without comments
		I. "No" with comments
3	a)	religious comfort that future is taken care of
2	b)	family members or friends will take care of him
5	c)	he will be able to take care of himself
2	d)	some solution will be found in the future
		II. "Yes" with comments
26	e)	problem of employment of main concern
10	f)	problem of marriage (three parents wish blind girl would <i>not</i> marry)
7	g)	problem of security, particularly after parents die
—	—	
52	20	total

Quotations:

- a) "We put his future in the Lord's hand who has promised to take care of his own; in the meantime we do what we can do for him."
- "God provides for us all; he does not want me to worry, just to do my duty as a parent."
- b) "We all agree in our home that if she can't take care of herself there will be always one of us to take care of her."
- c) "He is willing to try and to do everything; therefore, I feel he will succeed."
- "I think he has enough determination to make something of himself and can be self-supporting."
- "He has ability, ambitions, and independence but the world today is a pretty insecure place for even the able-bodied."
- d) "He has overcome his blindness and I feel that as each problem comes up we will find some solution."
- f) "I am worried as to what H will do when he is through with school. Also if he should marry. I just think it would be more than I could stand as marriage is such a big job for sighted people."
- "Naturally I think of her future in regard to employment and security. I hope she never has a desire to marry."
- "I am primarily concerned about marriage. I don't see how a blind girl will ever be able to solve this problem."

g) "It is primarily the feeling of her being alone, if we parents should die."

"We worry as to what the future holds for her after her parents are gone."

The replies to Child-question No. 14 reveal that the major concern voiced by the members of the blind group is centered around the desire and longing for security and independence. Forty per cent state that they wish most for a good position or a good education as a means of becoming self-supporting. The emphasis is entirely on "being independent." Only 18 per cent of the seeing subjects express a similar desire, but even these few are merely interested in finding a job, without indicating a specific common motive, such as that expressed by the blind, of attaining independence.

Similarly, the replies of parents of blind children to Parent-question No. 20 disclose that the predominant stated concern of these parents is the security and financial independence of their children. Seventy-two per cent of these parents express primary concern with various aspects of the desire for this security and financial independence. No doubt, the common preoccupation with this problem on the part of the parents serves to accentuate it in the minds of the children.

The second most common wish expressed by the blind revolves about their handicap. Of the 23 per cent of the group that express desires related to their handicap, 7 per cent wish for sight in order to be independent, and 5 per cent wish for sight in order to be able to get along in the sighted world; 10 per cent wish merely that they might have sight (these 10 per cent constituted 12 children in all, 4 of whom were congenitally blind, while the remainder became blind between the ages of 3 and 6). The findings with regard to this question are more or less identical with Cutsforth's belief,¹⁰ based on various investigations, that the blind child, relatively speaking, rarely wishes for his sight merely for the sake of seeing. However, these results are at variance with those of Muhl's study¹¹ where 90 out of 115 children stated that if they could have only one wish it would be to have sight—22, to see their parents; 10, to see things in nature; the others to see well enough to fulfil some ambition.

Significantly, the most common wish expressed by the seeing is the desire to be happily married and have a home. If we compare this with

¹⁰ Thomas D. Cutsforth, *op. cit. supra* note 7.

¹¹ A. M. Muhl, "Results of Psychometric and Personality Studies of Blind Children, at the California State School for the Blind," *American Association of Instructors of the Blind*, 30th Biennial Convention (Vancouver, Wash., 1930), pp. 568-73.

the most commonly stated wish of the blind, we are struck by the fact (which is fairly well borne out by the whole range of replies of both the seeing and the blind) that whereas the seeing reach out for something positive and desirable in itself, the blind long for something which is desirable because it will eliminate something else which is negative and disturbing, namely, a sense of impending insecurity which arises from the prospect of continued dependence.

As a general rule, the desire for independence is strong among most adolescents. The longing to surmount the dependency of childhood is even more intense in the mind of a blind adolescent, not only because he must cope with the realization that the chances of his becoming independent are much poorer than those of the seeing child, but also because, throughout his childhood, he has been made acutely aware of his dependence by the solicitude of his parents and friends and by the additional care and expense which have been bestowed on him in often vain attempts to correct his defect.

Child-question No. 18: What do you think seeing people should consider in their relationship with blind people?

a) Treatment like that of seeing persons.....	54
b) Treatment without embarrassment.....	38
c) Assistance and help without pity.....	10
d) Better understanding for feelings and problems.....	16
e) No answer	12
<hr/>	
Total	120

Quotations:

- a) "Seeing people should consider that blind people are not different because of their lack of sight."
"Seeing people should consider the blind as ordinary people and not as mysterious creatures."
- b) "Seeing people should be sure not to embarrass a person by making his handicap more noticeable when helping him."
"I feel that a seeing person should treat a blind person just as they treat anybody else, with a few exceptions, and these should be handled very courteously and tactfully. For instance, a seeing person leading a blind should make it as inconspicuous as possible."
"They should not show the whole world they are dragging a blind person around. Some people do an awful job of guiding."
"Should realize that blind people are human beings and not objects of curiosity."

"People should not be afraid to talk to them. I have noticed that particularly in stores."

"Should not treat them as invalids."

- c) "Seeing people should expect that a blind person will not be able to pick up any type of work as fast as a sighted person. The patience and consideration on the part of the seeing in teaching him he will repay with thankfulness and efficiency in his work."

"Seeing people should be willing to help us if we seek their help especially in matters that only the physical eye can see. They should remember that we would be willing to look for ourselves if we could. I personally hate sympathy and I don't want sympathy. I always want people to tell me if my appearance is not up to par. I certainly don't like people to keep things from me just because they are afraid to hurt the little blind child's feelings. I feel they are hurting me much more by not telling me what I should know."

- d) "The seeing child should consider that the blind boy or girl is his equal or superior in everything with the exception of a physical handicap. He has the same wants, dislikes, thoughts and ideas."

"Seeing people should realize that the blind have individual personalities."

"Blind children as a rule want to be treated as other children and not to be left in one place where they are told to stand and not to move because of danger."

"Blind people are trying to be independent. Seeing people should give their help only when asked for it and should never overdo it."

"They should consider the blind people without pity. They should not always talk about eyes and remind them of their handicap."

The replies to the question, "What do you think seeing people should consider in their relationships with blind people?" produced many responses similar to those called forth by the question, "In what kind of situation have you been most aware of your handicap?" All the items listed under *a*, *b*, *c*, and *d*, such as "being treated equally to the seeing," not being embarrassed by being treated as an object of curiosity or pity, not calling unnecessary attention to the handicap, and so on, confirm the previously stated thesis that blindness is felt as a handicap more because of the social experiences and attitudes that blindness gives rise to, than because of the physical condition of blindness itself. Most of the comments stress that sympathetic understanding, courtesy and tact are welcomed and appreciated, but pity, curiosity, or any attitude that makes the blind person feel different from or inferior to the seeing is strongly resented.

The foregoing data and the discussion relevant to them plainly reveal that blindness presents certain problems distinct from and in addi-

tion to the problems common to most individuals. These are caused not so much by the fact that the blind are unable to see as that the blind person lives as a member of a small minority group within a society in which the majority of people see. He must assimilate ideals and standards of the seeing. The frustrations and difficulties which derive from such an adjustment to a seeing world are created especially by the attitude of the seeing toward the blind.

CHAPTER V

PSYCHOLOGICAL EFFECTS ON PARENTS OF BLINDNESS IN CHILDREN AS REVEALED IN THE INTERVIEWS

In the preceding chapter an attempt was made to show how a blind person tends frequently to develop attitudes and feelings peculiar to himself as a response to a social environment from which he is rarely able to derive the understanding and motivation which are essential for the development of a wholesome personality. From this preliminary survey of his emotional and social problems we may go on the hypothesis that his frustrations and maladjustments and emotional disturbances to a large degree result from a social environment which cannot assimilate the presence of a handicap. The purpose of this and the following chapters is to present the implications for parents of blindness in their children, and the manner in which the resultant parental attitudes reflect on the blind children.

Since patterns of behavior are set very early in life, it seems imperative that we should have as complete a picture as possible, not only of how the blind person relates himself to those with whom he lives, but also of how the latter, particularly his mother, relates to him. Levy¹ who holds the conviction that the most important of all influences on social behavior is derived from the primary social experience with the mother states:

The child's outlook on life, his attitude towards people, his entire psychic well-being, his very destiny is presumed to be altered by the maternal attitude. Life under a regime of maternal indifference develops a psychic pattern of a quite different mold than under a regime of maternal over-protection. Psychiatrists regard the difference as great as though the children concerned lived in entirely different worlds. Indeed, two children of the same parents, whose mother exhibits a different attitude toward each, manifest on that basis alone profound differences in personality.

The blind child's emotional and social problems have their inception at the moment when his parents first become aware of his difficulties. In congenital cases this may sometimes be as early as a few days after

¹ David M. Levy, *Maternal Overprotection*, p. 3. New York: Columbia University Press, 1943.

birth. Cutsforth² poignantly describes the attitudes which the birth of a blind child may arouse in its parents:

His arrival is likely to cause his parents considerable distress. Inevitable, they will take some sort of habitual attitude toward him, which more than likely will be an unhealthy one. He may be regarded as an economic liability or as an object of luxurious indulgence. He may be ignored almost completely aside from care for his bodily needs, or he may be over-stimulated by constant talking and petting. The point is that not even in babyhood is he likely to be treated as a social equal of his seeing brothers and sisters. Such special, discriminating treatment, regardless of how fully he is aware of it, will call forth correspondingly abnormal social responses which will stay with him through life.

Psychologists know that feelings and attitudes are determinants of behavior. Inasmuch as mental and physical deviations in their children have subtle and insidious effects on the attitudes and behavior of parents toward these children, it behooves us now to turn our attention to certain manifestations of these parental feelings and attitudes toward blindness. The case study data in this area of the research indicate that the motivations group themselves under four headings, each of which will be discussed in the succeeding pages.

BLINDNESS AS A SYMBOL OF PUNISHMENT

"And the sins of the fathers shall be visited upon the children even unto the third and fourth generations." By thus quoting Scripture does the layman seek to explain physical imperfections in children. And some bewildered mothers of blind children, remembering this dark promise, look upon their blind offspring as a visitation of divine disapproval, the form and substance of heavenly punishment. This attitude is apparent in such remarks as the following, noted during interviews with mothers:

"I don't know what I have done to deserve such a fate."
"What have we done that God should wish this on us?"
"Why did this thing happen to us?"
"I realize it is a punishment which God has sent upon us."

This concept of human defectiveness, planted by religion and nurtured by superstitious fear, cannot help coloring the maternal attitude toward the handicapped child, which in turn exercises its influence on

² Thomas D. Cutsforth, *The Blind in School and Society*, p. 16. New York and London: D. Appleton & Co., 1933.

the child's behavior and personality development. Some of these mothers, becoming remorseful because of their resentment, tried to compensate by being oversolicitous and overanxious; others made little or no effort at all to conceal the impulse to reject their visually handicapped children.

FEAR OF BEING SUSPECTED OF HAVING A SOCIAL DISEASE

Another motivating factor in parental behavior was fear of its being suspected that the child's condition is attributable to a defect in themselves or their families, or to venereal disease. This fear may be traced in part to the fact that it is fairly common knowledge that a relatively high percentage of cases of congenital blindness are caused by syphilis. Anxiety of this type is reflected in such remarks as:

We cannot understand why she was born this way. We are all healthy and normal. There is no record of physical defect in our family. My husband and I were given all kinds of medical examinations and blood tests. They took blood even from the head thinking a venereal disease might be the cause. But no definite cause has been found. It's just a "freak of nature," that's what the doctor says.

The mother of two blind children stated:

One handicapped child in a family with normal children is considered just a misfortune, but having two immediately creates suspicion, "What's wrong with the parents?" The consciousness of that question in the minds of the uninformed is not easy to ignore, and is sometimes painful for a mother.

Another mother remarked:

Whenever a child is born blind and the rest of the family has normal sight, people think that one of the parents must have had a disease. I am sure the neighbors say this about me because they have mentioned it in reference to other handicapped children in the vicinity.

Here, again, it appeared that some of these parents did a kind of penance for their sense of guilt or shame or repulsion by being over-indulgent with the blind child or hyper-anxious about his welfare.

This fear of suspicion of social disease not only derives from reactions on the part of friends and neighbors but occasionally is also aroused by the feelings and attitudes of the blind children themselves toward their parents. One mother confessed that her 19-year-old daughter avoided kissing her for a year and a half. In a heart-to-heart

talk between mother and child, the latter remarked that she believed that her blindness had been caused by venereal disease and that many of her schoolmates at the school for the blind had expressed a similar belief with regard to their disability.

FEELINGS OF GUILT³ DUE TO TRANSGRESSION OF THE MORAL OR SOCIAL CODE OR TO NEGLIGENCE

The interviewer found that several parents were haunted by a sense of guilt because of some transgression of the social or moral code, or because of some real or fancied neglect of the child's welfare, to which they ascribed the child's condition. This feeling may have its genesis in such circumstances as an attempted abortion, conception out of wedlock, resentment of the state of pregnancy, discord in marital relationships, or inadequate medical care at the time of delivery. Statements by mothers reveal this clearly:

Perhaps it's me who is to blame for my child's blindness because I had attempted an abortion....

I blame myself for not having had a doctor; I had the assistance of a mid-wife because I did not want to go to the hospital and leave my other baby at home alone....

I resented this pregnancy strongly because I had to work since my husband was unable to support the family....

I dreaded to have another child because our marriage was very unhappy.

BLINDNESS IN A CHILD, A PERSONAL DISGRACE TO THE PARENTS

In the course of the interviews many mothers admitted that they were ashamed or felt humiliated because they had borne a blind child. To them the handicap is a disgrace, and they think that by this cruel trick life wronged them grossly. These reactions found expression in the following typical remarks:

It hurts my feeling terribly when people stare at my child. I used to come home furious and boiling whenever people insulted me with their looks. My husband tried to comfort me but I told him that even though the people say nothing, I can read their thoughts....

I was heartbroken when I found out that my child could not see. Our

³ Adler defines the feeling of guilt as an inferiority feeling in disguise, whereas Sherman says that a sense of guilt is characterized by an unpleasant emotional attitude toward a belief that some wrong has been committed.

friends were sympathetic but our family felt it was a disgrace and were ashamed. . . .

It is certainly hard to have a blind child. I think it is sometimes even more difficult for the mother than for the child. On the one hand people pity you, on the other hand they condemn you by actually suspecting you of "loose living." When Mary was still a baby I sometimes thought I could not live through it. I did not know which hurt me more, the dead eyes of my child or the questioning looks of my neighbors. . . .

Gradually I gave up most of my friends and withdrew from practically all social activity, because I could not bear it when people questioned me about my blind boy.

To recapitulate, it may be said that a great majority of the fifty mothers interviewed manifested, either by verbalized expressions or merely by compensatory behavior, well-defined mental conflicts with respect to their relationship with and their attitudes toward their handicapped child. Nearly every one of them gave the impression of feeling bewildered and frustrated particularly in the presence of others. These conflicts appeared to arise primarily from feelings of guilt, both conscious and unconscious, which were sometimes accentuated by feelings of self-consciousness or inferiority of various types and degrees of intensity. Even in those cases where a child became blind as the result of an accident in early childhood (there were only five cases of adventitious blindness among the fifty students contacted), the mothers expressed feelings of guilt and exhibited self-consciousness. A typical remark of these mothers was:

I felt at first it was a cross too heavy to bear and at the same time I felt death for my child was easier than a life of darkness.

It may be that these "death wishes" created the feelings of guilt. It seems, however, that these feelings were more intense in mothers of children afflicted with congenital blindness, especially when there were several handicapped children in the same family or the blind child was the first or the only child.

CHAPTER VI

MODES OF PARENTAL ADJUSTMENT

The purpose of the present chapter is to present an analysis of the various ways in which parents make adjustments to their visually handicapped children and the effect these adjustments have on the behavior and personality development of these children.

From the material gathered in the interviews with the fifty parents it may be said that, broadly speaking, the adjustments made and attitudes revealed by this group fall into five fairly distinct types of categories.¹ Sharp lines of demarcation cannot always be drawn between them, and consequently, some overlapping is to be expected. It should also be emphasized that often the difference in some of the attitudes of the parents studied is one of degree rather than of kind.

I. ACCEPTANCE OF THE CHILD AND HIS HANDICAP

Genuine acceptance of the child and his handicap is probably the most difficult—and the most desirable adjustment parents can make, for it requires the maintenance of an objective point of view in a situation fraught with emotional stress. Some of the parents interviewed for this study did achieve this adjustment. Feelings of guilt and rebellion against a cruel fate, while not wholly absent, were noticeably milder and more restrained than in cases where such acceptance had not been possible. There was a tendency toward the attitude that "God has given us a cross to bear; we have to make the best of it." In many instances, religion was a mental and spiritual support. The following case study is illustrative.²

The Case of Mildred

Mildred was the youngest of five children. When last seen by the interviewer she was fourteen years old. She was born totally blind. Her brothers and sisters range from 18 to 25 years; they all have perfect sight.

The family lives in a wealthy suburb of the city, in a very attractive home of their own. Each member is well-educated and their interests are

¹ The number of subjects in each category will be found in Scale 7 of the Evaluation Scales in the Appendix.

² In all the illustrative case study material and in quotations appearing in this study, facts which might tend to identify individuals have been omitted or altered, and all names are fictitious.

highly cultural. One of the sisters became an expert teacher of the blind. They are a family of superior mental ability. Mildred had an I.Q. of 168. Parents and children are very active members of their church and community. The parents are Scandinavian by birth but the children were all born in the United States.

A summary of the interview with Mrs. Hobart reads as follows:

"Soon after Mildred was born we noticed that her eyes did not function properly. We asked the doctor the reason for this, and he assured us there was no cause for anxiety. We experimented with lights before her eyes and found no reaction. We then took Mildred to a well-known eye specialist who told us: 'Mildred will never have normal sight. It is possible she may develop some sight as she grows, but if so, this will come naturally. Never let anyone operate or tamper with her eyes. The greatest service you can give Mildred is to watch carefully over her general health and see that she has a normal healthy life. The vision defect may be due to a prenatal accident, severe illness during pregnancy, or shock. Certain parts of the eyes are not developed.'

"On our way home we realized and remarked that life would never be the same as before. We did not lose hope but right there we made our plans. We decided to inform the rest of our children, two boys and two girls, aged from four to ten, that Mildred could not use her eyes as they did, but otherwise she was normal and she was to be treated as such.

"We made a special effort to bring her up like the rest of our children. She was taught to dress herself, tie her shoes, take care of her toys, etc. As she grew she was included when the other children were taught household tasks, learning to make her bed, and to take care of her belongings. Wherever we went, Mildred went with us. While she was still very young, we enrolled her in the kindergarten class of our Sunday School. The curiosity of other children was quite painful to us at first but they soon accepted her as one of them and forgot her handicap as she joined them in games and songs.

"If we ever felt self-conscious, we realized that we must make the choice of either depriving Mildred of important contacts or nursing our own tender feelings. On our subway rides we became absorbed in our conversation and forgot the inquisitive and pitying looks of the people. Sometimes, when Mildred chattered and laughed happily, we felt we gave our subway audience an unspoken lesson: 'You don't need to pity her; perhaps she has greater richness than many of you.'

"We inquired at the American Foundation for the Blind about games and toys which might interest a blind child. Her father invented several games and adapted others, so that we always played together. Very early her brothers and sisters taught her to swim, and this was one of her greatest joys as she had never been permitted to acquire a fear of water. As she never cared for dolls, we obtained all the toy animals we could find for her enjoyment. Later, real pets, cats and dogs, were provided, and this seemed

to give her a sense of importance. She loved them and they repaid her richly for her devotion. On our vacations she learned to know many other animals as we spent much time on her uncle's farm. We provided a sand pile in the back yard where she could play with the neighbor's children.

"With many misgivings and fears I let her ride her kiddie car around the block in the company of the children whom I considered trustworthy. Without Mildred's knowledge I was never too far away from the window to watch her. She was taught to roller skate in summer and ice skate in winter. She enjoyed bicycle riding on the handle bars of her brother's bike as he took her to and from school. We purchased all toy musical instruments which she could handle when she was still very young, as she seemed to be particularly interested in music. Recordings of the best music were purchased for Mildred and she brailled the titles so that she could handle them and play for herself the music she wished to hear. As we traveled during our vacation, the beauties of nature were described to her.

"At the age of seven we took her to the school for the blind. She loved the work and her teachers, but as she knew her brothers and sisters came home each night, she wanted to be with them. We urged her to stay on but it seemed to prey on her mind and she became ill. It was then that we gave up our home and moved nearer the school so that Mildred could become a day student. Only when she entered school did she become aware that she was totally blind. We did not try to keep her in the dark about her blindness, but she could not fully realize what it meant to be blind. Her hearing and feeling were so keen that it took the place of her sight. She accepted the fact with no shock or sense of bitter loss.

"Mildred learned through religious training that this life is very important, as it is a place where we are expected to gain all the knowledge we can to prepare us for another life. Religion interested her and she had a very good understanding of spiritual values.

"She loved to dance and many evenings were spent this way with her brothers and sisters. She had no timidity about appearing in public as she was taken along with other members of the family when they went to parties, restaurants, etc. We decided that this was necessary as she was self-conscious about making mistakes. We told her, however, that we all fail in many things and she was not different. Our friends soon learned that Mildred did not need pity, but rather an opportunity to be accepted on her merits. When visitors came to our home she was encouraged to listen, and when proper, to take part in the conversation. Thus, she was much at ease among people.

"As her brothers and sisters related experiences of college and business life, she took it for granted that she, too, would do these things, and she was always encouraged in her plans even though they were not always feasible. However, as she grew and developed her plans became more practical, and she had well formulated ideas about her future. The family never discouraged but rather led her into more practical lines of thought.

"We helped Mildred to overcome some of her mannerisms which are sometimes associated with blindness such as hanging her head. We explained to her that this habit was characteristic of the blind, and she earnestly tried to overcome it. We also discussed with her the frequently expressionless and vacant look on the faces of the blind, particularly when listening to speeches, etc. We tried to tell her that she must make an effort to show joy or sadness, surprise or disappointment. She seemed to appreciate and understand this when we explained that it would increase her personal attractiveness.

"We thought a great deal about our child's future. As we knew that she was mentally capable, we made plans for college and the training which would help her prepare to become in some degree independent and self-supporting.

"One of the problems in bringing up our blind child which caused us some worry, because of its complexity, was the question of sex education. Mildred had many girl-friends older than she and the discussion about boys moved more and more in the center of her interest. Her plans for the future included marriage. I wondered many times how I would be able to help her solve this problem. But due to her premature death we did not have to work it out."

This case needs little interpretation. It is an outstanding example of a family which has made a successful adjustment to its blind member on the basis of an understanding appraisal of the situation and an intelligent attempt to meet it. Because the parents are well-balanced individuals, they gave to the blind child an emotional security which was all the more important because of the child's lack of physical security. They provided a stable, happy home atmosphere in which the sightless girl was helped to grow up into a normal, well-integrated individual on the same basis as the other children of the family.

2. DENIAL REACTION

The attitude of a small group of parents was characterized by denial—in word and action—that the handicap of their children had an emotional bearing or any other effect on them. They also denied that their children are actually handicapped. Mrs. Pearson's attitude is an example.

The Case of Dick

Mrs. Pearson and her husband live in a nearby state, in a small attractive home of their own. They are American by birth. Mr. Pearson and his wife are both college graduates. He is a mathematician and his income is more than adequate for the needs of his family: a decent home life and a good education for his three children. Both parents are very active members in their church and community and in the Parent-Teacher Association.

The family consists of the two parents, two attractive little girls, 9 and 11 years old, and a handsome boy of 14 who is totally blind. His facial expression, his movements, even his voice, reflect the nervousness and tension of his mother. Dick's I.Q. is 160. He received his elementary education at a school for the blind. At the present time he lives at home and studies at a public high school. He is the first and only blind pupil at this school.

The interviewer had contacted the home previously. She informed Mrs. Pearson that the purpose of this visit was to study the problems of the parents in relation to their handicapped child. The mother's attitude was very friendly but tense. She gave the impression of just having recovered from a recent illness of a psycho-genic nature.

We were hardly seated when Mrs. Pearson began to tell how happy she was about Dick's transfer from the school for the blind to a regular public school. She told me that her boy is an A-student in nearly all subjects. The principal, teacher, and even the minister assure her that Dick has done more for the community than any other child. In school he is an inspiration to his group. Boys and girls admire his determination and are impressed by his will power. Nobody pities him because they all realize that "he sees in a different way."

With great pride Mrs. Pearson showed me Dick's work and study books. Undoubtedly, they revealed hard work on the boy's part, but even more so the devotion and ambition of his mother. The father, too, had his share in it. For instance, hundreds of geometrical and mathematical drawings were copied in raised lines by both parents to enable Dick to follow the regular work in his classes. Various study books were transcribed into Braille and lessons were dictated to him daily by his mother. She seemed to be more concerned about the school work than Dick himself. Yet, when asked whether she spent much time in helping him in his work, she replied emphatically, "No."

Mrs. Pearson gave the impression of being afraid to admit that she helps him because of conscious or unconscious fear that it might lessen her boy's reputation. Her greatest desire is to make him equal, and even superior, to other children, and to ignore his blindness. Sometimes this attitude is expressed directly, sometimes indirectly. Whenever a school or local paper requests an interview with Dick, she invariably refuses because she claims, "he is in no way different from other boys." To prove her point she told the interviewer that he belongs to nearly all the clubs in his school and community; he has the same hobbies as the other children, such as swimming, rowing, dancing; he participates in all social activities just like any member of his group. He is interested in music "as any musical child would be." To further illustrate the fact that he is not a bit different from any other boy, Mrs. Pearson mentioned that he is "even a member of a tennis club." Although unable to take an active part on the team, he is the secretary of the club. According to his mother, he is able to carry out this responsibility without any difficulty.

During the entire interview no reference was made to any disadvantages

arising from his blindness. Mrs. Pearson emphasized that a blind child who is mentally normal should not be committed to an institution for the blind if the home is economically, intellectually, and socially good. She feels that it is a disadvantage to the child if he is taken away from the home, the family, and the community. She believes, however, that schools for the blind are necessary for those children whose parents are mentally or emotionally unable to deal with the problems involved in bringing up a blind child, or whose parents cannot provide a good environment. Besides, she added, the ordinary public school probably could not do the job.

When the interviewer asked whether Dick was born blind, Mrs. Pearson evaded the question. She merely mentioned that his eyes were operated on when he was three years old and he was *then* unable to see. She was responsive to the question whether she felt self-conscious when people referred to her boy's blindness. "It hurts my feelings terribly when people stare at my child. I used to come home furious and boiling whenever people insulted me with their looks. My husband reacted differently. He tried to comfort me when I told him that even though people say nothing, I can read their thoughts. Only very gradually I became used to the offensive and humiliating curiosity of people. I had to steel myself to their looks and to ignore their disheartening remarks which naturally hurt me but which were more harmful to the boy."

In discussing Dick's vocational plans Mrs. Pearson stated that he intends to go into international law as he is very much interested in political science. She added: "I don't intend to influence his choice of a career but we will provide an education to bring out the best of his abilities. Then he himself will be capable of choosing a vocation in which he will be successful and happy."

As the interview went on she emphasized that blind people should not be herded together and treated as members of a group, but rather that they should be judged as individuals and accepted on their own merits. They should all lead normal lives and be considered as normal. Parents must not conceive of blindness as a handicap and must strive to foster the same attitude in the child's mind.

Casual observation of this mother's attitude toward her child would lead us to believe that the child is accepted. There seems to be genuine devotion on the part of the parents. No effort is spared to make the child happy and successful. The family's interest is centered around Dick. Yet in spite of these facts a negative answer must be given to the question, has this mother accepted the handicap of her child; has she reconciled herself to the fact that he is blind? She herself *denies* that the handicap has any effect on her or on the boy, emotional or otherwise. "You just don't let it enter your mind that your child is blind and you will not make him aware of his blindness. Only then can you bring him up as a normal child." In order to prove that she is right, she makes

boundless efforts to direct her son's life toward the highest level of achievement and absolute success. For this she is paying a price in physical and mental health, and it is possible that the boy's psychological make-up may suffer as a result.

However, if we probe into the contradiction between the mother's pride in and devotion for her child on the one hand, and, on the other hand, her uncompromising refusal to accept his handicap, we see evidence of an ambivalence which leads us to suspect that the mother's acceptance of her child is not as genuine as it might appear. In her mind, the boy, as a member of the family in which she has a justifiable pride, is entitled to the same love and consideration which she reserves for each of the other members of the family. Moreover, he serves an even greater purpose than the other members of the family in that he represents a means through which the mother and the family in general can enhance their personal prestige and self-respect by demonstrations of superior understanding and competence in compensating for his shortcoming. This purpose would be defeated by even a partial rejection of the boy because of his handicap, or by a frank acceptance of the handicap itself. Consequently, we see an exaggerated devotion to the boy which stems in part from natural maternal feelings, in part from a desire to maintain and enhance the prestige of the family, and in part from the behavior arising from a state of ambivalence.

3. OVERPROTECTIVENESS

Several of the parents interviewed were overwhelmed by a feeling of pity for their child. Most of these mothers manifested excessive solicitude and protectiveness expressed through a prolongation of dependency and an excess of attention—such as feeding and dressing beyond the early years—in extensive worry and anxiety which greatly interfered with normal physical and social activities, and in withholding outside contacts in order to protect the child from emotional and social hazards. Mrs. White is such a mother.

The Case of Mary

Mrs. White lives in an attractive, well-furnished house in a wealthy suburb. She is a tall, stout, impressive-looking woman with a well-modulated voice. She is divorced. Her former husband is a very successful business man living outside the United States. They have a twenty-five-year-old son who attended an exclusive college. Their second child is Mary, a girl who was born blind. She is 15 years old, attends a school for the blind, and comes home for week-ends and holidays only. Her I.Q. indicates below average intelligence. She also seems emotionally and socially immature and has poor muscular control. She talks and acts very slowly.

Mary has a lovely room of her own. Her pets include a dog, a cat, and a canary. She also has a piano and a phonograph with a select set of recordings. The visitor immediately senses that this child is well provided for by a devoted mother.

Mrs. White welcomed the interviewer in a warm and friendly manner, saying she was very anxious to discuss one of her problems. "I have so many problems but my biggest one now is that Mary feels so extremely inferior and self-conscious at school and even at home. She feels there is hardly anything she can do. When she comes home from school on week-ends she asks me frequently, 'Don't you want to get rid of me because I am blind?' When I ask her why she feels this way, she answers that many of the children at school think that their parents do not love them because of their blindness. It breaks my heart when Mary speaks this way. I couldn't love her more if she were a seeing child. Sometimes I feel that I am closer to her than to my boy because of her blindness."

Mrs. White said she wanted a second child very much but her husband resented it. "He said, 'Hasn't this boy brought us enough happiness?' Yet I wanted to have a daughter and after waiting for nearly nine years, I had a girl, the only one in our family, but what a terrible blow her blindness has been! We cannot understand why she was born this way. We are all healthy. There is no record of any physical defect in our family. Perhaps it is because I had a difficult pregnancy and was forced to take many drugs, or perhaps it is because during my pregnancy I was emotionally upset due to my father's death.

"It is certainly hard to have a blind child. I think it is sometimes more difficult for the mother than for the child. On the one hand, people pity you; on the other hand, they condemn you by actually suspecting you of 'loose living.' When Mary was still a baby, I sometimes thought I could not live through it. I didn't know which hurt me more, the dead eyes of my child or the questioning looks of my neighbors. I cried day and night. My mother tried to comfort me and said it is God's will. He gives children to those he loves best and who are capable of taking care of them. I realize I have a job and try to make the best of it. I think it brings us nearer to God to have such a child. I love my child but sometimes I think I have been a selfish mother, spoiling her with my love and sympathy."

Mrs. White continues. "She was a premature baby and she had difficulty in learning to walk and talk. She could not learn to do anything for herself. My sympathy made me do more for her than was wholesome or necessary. My family claims that I spoiled her and still treat her as a baby. Even my son tells me that I am too over-protective and over-solicitous.

"When Mary was six years old we sent her to a public school which had accommodations for blind children. She stayed there for only two weeks. It was my worst experience. I think it was there that she got her inferiority complex. The class was crowded and the teacher could not give individual attention to the children. Most of the time the blind children sat by themselves. During recess and recreation periods, when seeing children

played together, the blind children were told that they could not take part in the games, and were therefore separated from the rest of the class. In the Braille class, where they were given special instruction, the teacher was in charge of eight grades in one room. I feel that at the school for the blind she is much better off. There she learns to be independent, to take active part in school and recreational activities; she has many friends and no reference is made to her blindness. She goes to Sunday School yet none of the boys and girls seem to be interested in inviting her to their homes. The older she becomes, the more sensitive she feels about it. Occasionally she says, 'Nobody wants me because I'm blind.' Recently she asked me, 'Whom do you love more, Rolf [her brother] or me?' It was not easy to convince her that I am equally fond of both."

During the course of the interview Mrs. White remarked repeatedly that Mary is a kindhearted child. "I don't think she has ever hurt anybody's feelings. She has been a comfort to me in many ways. What troubles and worries me more than anything else is that I might die and leave her alone without protection. I hope that the school can advise me how to correct the mistakes I have made."

The behavior and attitude of this mother is controlled exclusively by her emotions. She seems to have fostered Mary's immaturity because of her own need for a love-object. She has overprotected and indulged her in order to keep her at an infantile level. Mary's blindness provided the justification she needed for her oversolicitous attitude toward the child. All her attention is concentrated on the child's handicap. Her pity and sympathy excludes intelligent planning. The child has not been encouraged to face her own problems or to fight her own battles. She has been made to feel inferior, self-conscious and over-dependent by being shielded too much. The oversolicitous attitude of her mother has impaired the normal healthy development of the girl and has thereby added another handicap to her blindness. This handicap, the child's mental attitude, might be a greater hindrance than her blindness, and will undoubtedly stand in the way of a good adjustment to life.

4. DISGUISED REJECTION

A fourth group of parents, constituting the majority, did not reveal clear-cut attitudes or behavior reactions. At first sight, they gave the impression of being very good mothers. Closer study, however, revealed that this type of parent rejected the child fundamentally, but, because of a sense of guilt over hostility to the offspring compensated for this rejection by overprotectiveness.

This disguised form of rejection was expressed primarily in incon-

sistent handling of the child. Many of these mothers suppressed a feeling that the blindness of their child is a disgrace to them. In order to relieve the sense of guilt growing out of this feeling, many of these mothers were oversolicitous and overanxious concerning the welfare of their child in an exaggerated fulfillment of the duty of being a good mother. At the same time they were overcritical of any of their blind child's shortcomings.

Mrs. Tullich is one of these mothers.

The Case of Rose

Rose is 15 years old, an only child, with an I.Q. of 125. Mrs. Tullich's first baby died in early infancy and Rose was born about a year later. It was noticed immediately that she was totally blind.

Mrs. Tullich gives the impression of not being able to reconcile herself to her misfortunes. She indulges in self-pity, and in fact seems to be more sorry for herself than for her blind daughter. She said, "I do not know what I have done to deserve such a fate." Her voice, her words, her attitude in general expressed unhappiness and despair.

She continued. "Soon after my child was born, I moved away from my family and friends because I could not bear their pity. Their remarks made me feel guilty although there is no evidence in our family that Rose's blindness is our fault." Mrs. Tullich confessed that even now, after fifteen years, she still has the same feelings of self-consciousness. She still lives withdrawn from people and admits that she resents any notice taken of her child's handicap. She said that Rose is still very shy and has no playmates, adding that this was probably her own fault. She asked the interviewer how she could remedy the situation which she herself had created.

The case worker's report states: "Rose has been waited on hand and foot since she was born. She has received, from both her father and mother, an excess of sympathy because of her blindness. Before she came to the school she was not allowed to do anything for herself because Mrs. Tullich thought it was cruel to force a blind child to do things. She has everything she desires at home . . ."

At the time of this report Rose was 8 years old. Although she is now 15 years old, little has been changed in her bringing up. She still shares the bedroom with her parents and has no responsibilities whatever at home. When the interviewer suggested that Rose should be allowed to do a few household tasks to develop independence, Mrs. Tullich said: "I would never get any work done if I would have to spend time helping Rose do these things. I can do the work in a few minutes myself." To the interviewer's second suggestion that Rose should have a dog and should take care of him, she replied: "I am afraid that whenever we take out the dog we'll have an audience and I can't stand when people are looking at her." Every further suggestion was rejected in the same manner.

Mrs. Tullich's whole day is filled with planning and doing things for

Rose. She also is one of the most active mothers in the Parent-Teacher Association. Rose wears the latest style in clothes and is taken regularly to the beauty parlor. However, during the entire interview no thought was expressed which might indicate genuine love and affection on the part of the mother for her child. There was criticism with regard to eating habits, mannerisms, and posture, and glib evasion of all responsibility for helping the girl overcome them. She resented the fact that she was the one who had to listen to the same school stories over and over again, and could not understand why Rose should feel disappointed if she did not respond to their mood of humor or sadness or whatever it might be.

"I have devoted my whole life to Rose," she said, "but now I don't know how I will be able to continue to do so. I am not well physically, and it is difficult for me to continue my role as Rose's companion, nurse, guide, etc."

The writer found it rather difficult, during the personal interview, to establish rapport with Rose. It was evident, however, that Rose resents her mother's attitude. She feels that her mother has "pampered" her too much and still does too much of the planning of her school program as well as for her vocational career. "She always tells me what to do." In the conversation with Rose it was strikingly clear that she is not considering an adjustment to life among seeing people. She voiced the opinion that a blind person should live among the blind as seeing people do not have an understanding of the problems of the blind.

The training Rose received at the school where she lives has, to a large extent, counteracted the detrimental, overprotective environment of the home. Her latest school report shows that. "During her eight years at school, Rose improved in many ways. She gained independence and self-reliance and is more competent socially. She shows a healthy interest and ambition in her work."

There is little doubt that Mrs. Tullich showered her child with an excess of sympathy and pity, with overprotection and oversolicitousness, and that she suppressed all initiative and desire for independence. This mother's thoughts and actions indicate clearly that she is suffering from intense guilt feelings deriving from two sources: the feeling of sin and shame associated with having a blind child, and the realization of her failure in dealing with her child. It is obvious that she considers her child's handicap as a disgrace. To conceal her negative attitude and resentment, partly conscious, partly unconscious, she is oversolicitous and overanxious concerning the welfare of her child. In trying to conceal her rejection of the child, she exaggerates her responsibilities. It cannot always be made a sharp distinction between "pure" overprotection and "guilt" overprotection. However, in cases where a mother repeatedly complains "what she has to endure," "all the sacrifices she

has to make," "that her child's handicap is a cross too heavy to bear," it seems rather evident that overprotection is compensatory to rejection. Levy¹ points out that all maternal overprotection could be regarded as compensatory to unconscious hostility, and its quantitative variation simply an index of the strength of the compensatory device. So-called "pure" overprotection would be pure only in the sense that its manifestations are consistent in every phase of maternal care whereas the group labeled "compensatory" or "guilt" overprotection shows inconsistencies or special emphasis on one phase of the mother-child relationships.

5. OVERT REJECTION

The fifth group included those parents who expressed their rejection of the blind child in undisguised hostility and neglect. They spoke of their children without any affection, neglected their interests, belittled their achievements, and manifested marked irritation at some of the responsibilities closely associated with the care of a blind child. Most of the mothers in this group and sometimes even the fathers, were aware of their hostile and negative feelings, and built up defenses to justify them, frequently blaming other persons or unfavorable circumstances for their difficulties and problems. By the process of projection they achieved a sense of self-justification for their antagonistic impulses and relief for their intense feelings of guilt.

The case of Mrs. Markusa is typical.

The Case of Nolan

Mr. and Mrs. Markusa and their two children live in a small apartment consisting of two shabby but neat rooms in a very poor section of the city. They also have a married daughter who no longer lives at home. Both parents are Russian but the children were born in this country. They are obviously very poor and their income is irregular. The mother supplements the income with outside housework. The son also contributes a small amount to the family budget. He is a clerk but apparently is very ambitious for his own success and for that of his parents. He attends City College in the evening and wants his parents to attend English classes in the public school. Although Mr. Markusa and his wife have been in this country more than twenty-five years, they still speak very little English. The family members in general have the typical appearance of undernourished people of the slums. The married daughter is 22 years old, and from the way Mrs. Markusa shows her picture, one can see that she is very fond of her.

Nolan, her other daughter, is 14 years old and has only light perception. At present she lives in a school for the blind and comes home for week-ends

¹ David M. Levy, *Maternal Overprotection*, p. 117. New York. Columbia University Press. 1943.

only. But previously she had been in a home for the blind for eight years, during which time she saw her family only occasionally and never at home.

According to her parents, Nolan was born without any physical defect. Her infancy was normal in every respect. At the age of 2½ she suddenly felt a pain in her knee and from this time on was unable to walk. For more than three years she was a patient at a hospital for crippled children. After many operations Nolan recovered and was able to walk again, but she had gradually lost her vision. She was transferred from the hospital for crippled children to a home for the blind.

When the interviewer arrived, both parents seemed to be anticipating her visit. She was welcomed in a friendly manner. She mentioned that she would like to discuss some of their problems in dealing with Nolan. Judging by their readiness to talk, it seemed that both parents welcomed the opportunity. The question, "How does Nolan like being in the new school to which she was transferred two months ago?" was enough to bring forth a ready flow of information. "She likes it very much there because there are many more young people than at the other place, but we feel very unhappy that we have to take her home every week-end. In the other school we didn't need to bother with her. She never came home; we saw her only once in a while when we went to visit her. Now I have to buy and even wash all her clothes; I have not been used to that. This week because of Thanksgiving she will be at home for five days."

The mother actually said: "She gives me a pain in the neck when she is home. She demands something all the time. She wants me to buy good clothes. She is fussy about the food. She wants us to move to the country because she does not like to live in the city. *My* children [here she referred to the son and married daughter] know life, but she does not understand it. She has been brought up differently from *my* children. She thinks money grows on trees. Don't you think the state should take care of such children? A seeing child can look after himself but she ties me up all the time."

At this point the father broke into the conversation for the first time. "Nolan keeps me busy every Sunday. I have to take her to visit her friends or to a movie. In the evening I have to bring her back to school. In the subway when people offer her and her blind friend a seat, they don't like it. They don't want people to notice that they are blind. For the same reason she doesn't want to be led by the hand. Blind people are mean and it is very difficult to understand them."

Mrs. Markusa then continued. "We do not want her to come home. She is not trained like *my* children. They are considerate but she is ungrateful. They realize that we are poor. She is very critical of everything we do. We cannot afford expensive things for her, yet she demands them. Why should the state expect parents to take care of blind children? The state gives relief to strong and healthy people, why doesn't it provide for these children who cannot take care of themselves?"

Up to this point the interviewer had had little opportunity to ask any questions. She now inquired, "How does Nolan get along with her sister

and brother?" The reply was, "They don't see her much. My son thinks she is too spoiled. They don't like to talk to her because she is fresh." Mrs. Markuska again said, "My children are entirely different."

To the interviewer's query as to how Nolan spends her time at home, Mrs. Markuska replied, "She hardly talks to us. Her attitude toward us is that we don't know anything. She sits all day long at the radio. We are tied down when she is home. She can't be left alone because she bumps into everything. I have to do everything for her; she is of no help whatever."

After the parents had repeated themselves over and over in this fashion, the interviewer made an effort to present some more of her questions. When asked whether they felt self-conscious when people noticed the handicap of their child, the father shook his head and said, "I have not stolen anything; why should I feel self-conscious? I suppose it is a punishment." To the question what kind of problems are involved in dealing with a blind child, Mrs. Markuska said, "It's the most difficult job; I would not work in an institution for the blind under any circumstances. I would prefer to scrub floors rather than take care of Nolan all year round. It is difficult to raise a blind child. I take her home only because the school forces me to do it."

Nolan, whose I.Q. is 108, when asked how she spends her week-ends, replied, "I hate to go home. My parents do not care for me and I do not care for them. I consider them strangers."

Mr. and Mrs. Markuska are examples of parents who openly reject their child. The conflict between them and their daughter is so overt that they do not try to cover up their hostility. Unfortunately, the parents are not aware what part their own negative feelings have played in the resultant situation. The child feels neglected and unwanted, and expresses a hostile attitude not only toward her home but also toward many of the people with whom she is in contact at school. She quarrels a great deal and some of her teachers consider her rather aggressive and impertinent; only one person, her cottage mother, is at all fond of Nolan. However, she, too, agrees that Nolan is discontented most of the time and that she is easily discouraged in her work. It seems that not only is Nolan resentful toward many of her schoolmates, but she also is resentful toward herself and her handicaps. This girl expresses all the behavior patterns of an individual who is unwanted and unloved, and who has no feeling of belonging. As is common in many cases of rejection, Nolan has a deep feeling that the world is hostile and unloving, and that she herself is unworthy of love.

Small as is this group of fifty cases, it vividly illustrates the various ways in which parents react to blindness in their children: their attitudes with respect to the child and with respect to his handicap, the manner in which they meet the responsibilities involved, the extent to

which they create an environment in which the blind child is helped to compensate in a wholesome way for his disability. Whatever the reaction, the meaning the child's handicap holds for his parents, especially his mother, and the kind of adjustment she is able to make seem to be related to the psychological make-up of the individual parent, her marital relationships, and her own personal and social adjustment to life.

CHAPTER VII

MECHANISMS OF ADJUSTMENT UTILIZED BY BLIND CHILDREN

From the foregoing chapters it is clear that the blind child's normal development along personal and social lines is frequently thwarted by parents, siblings, friends, and even strangers who do not behave toward him as toward a seeing child. The extent to which a difference in attitudes and behavior reactions occurs in any single case—as previously indicated—is determined largely by the immediate social environment in which the child is reared. As in the case of the seeing individual, the social experience of the blind child is a determining factor in his behavior and personality. His attitude toward others, and even more, his attitude toward himself, will be largely determined by whatever his social environment, and his home environment in particular, may afford. Cutsforth¹ stresses this point of view. He states that "every deviation from normal social behavior indulged in by others will inevitably produce some form of divergence in the insight and motivation of the child. Such deviations are not single or discrete, but cumulative in their effect on the child's social development."

The study of human behavior reveals that all persons—handicapped and non-handicapped—have deficiencies of varying degrees, because of which they all experience frustrations and limitations in one way or another, and consequently are in need of setting up some modes or mechanisms of adjustment in order to solve their problems. From the evidence in the preceding chapters it is apparent that blindness, like any other physical handicap, limits certain activities and social relationships, and therefore increases conditions which lead to frustrations, limitations, and deprivations. These conditions inevitably force the blind individual to adopt some form of adjustment which will best enable him to reduce his emotional tension. Shaffer² states that mechanisms are not acquired deliberately by the person who displays them, but for the most part they are unconscious (in the descriptive sense of the term). By means

¹ Thomas D. Cutsforth, *The Blind in School and Society*, p. 47. New York and London: D. Appleton & Co., 1933.

² Laurance F. Shaffer, *The Psychology of Adjustment*, New York: Houghton Mifflin Co.

of a process of trial and error the individual discovers certain responses that reduce his tensions and afford him relief. Shaffer adds:³

Mechanisms are not disorders or symptoms of disorder; they are merely the forms of response that individuals make to the total situation of their drives and their opportunities for adjustment. The study of varieties of adjustive mechanisms is as much the study of normal behavior as of that which is unfortunate or inadequate.

Like any group of adolescents, the blind adolescents studied displayed a variety of adjustive behavior. Some showed mechanisms of adjustment which served to reduce emotional strain and tension, and contributed to a solution of their mental conflicts. No apparent harm to their personality development was indicated. Others revealed behavior reactions that failed to satisfy their personal and social needs; these clearly showed various degrees of maladjustment.

Wide individual differences are shown in the adjustive mechanisms adopted, but with the children, as with the group of fifty parents studied, these fell into certain general groupings. According to the modes of response displayed, five categories of adjustive habits could be recognized.⁴ Before these are discussed it should be stressed, as it was in the preceding chapter dealing with parental adjustment, that these five categories cannot always be interpreted as fundamentally distinct types of adjustment. Overlapping is to be expected, and occurs frequently.

1. COMPENSATORY REACTION

The first group of adolescents includes those who recognize and accept the limitations resulting from their handicap, and try to minimize them by concentrating on "what they can do" rather than on "what they cannot do." Most of them showed a sound competitive spirit with respect to attainable goals. Their compensatory habits frequently served to substitute for their limitations and thus to bridge the gap created by their handicap. Preoccupation with the success of a substitute accomplishment reduced the drives that were most directly thwarted and the individual found himself less concerned with his inferiorities. Scarcely any of the members of this group manifested evasiveness in discussing problems regarding their handicap.

The cases of Fred and Susan support the belief of many psychologists that compensation is the most healthful form of adjustment, frequently resulting in superior forms of accomplishment.

³ *Ibid.*, p. 83.

⁴ The number of subjects in each category will be found in Scale 12 of the Evaluation Scale in the Appendix.

The Case of Susan

Susan is the younger of the two girls in the family. She is eighteen years old and her sister is only one year older. The two girls look almost like twins. Both are tall, blond, and very lovely and gracious of manner. Susan, however, was born blind.

Both parents are of Scandinavian descent and speak with a foreign accent. Mr. Eckerold is a skilled worker with a modest income. The family lives in a small comfortable home of their own on the outskirts of the city. Many of the furnishings are homemade, the product of Mr. Eckerold's work.

Susan was four weeks old when her parents noticed that her eyes did not function normally. They tried everything to have the condition corrected. "It was only the hope that she would regain her sight that kept me going," remarked the mother. She added, "I blame myself for not having had a doctor. I had the assistance of a midwife because I did not want to go to the hospital and leave my other baby alone at home."

Mrs. Eckerold made every effort to bring up her two daughters as much alike as possible. Like her sister, Susan was sent to kindergarten when she was four years old. Subsequently, she, too, started public school. However, she did not receive the necessary attention due to overcrowded conditions in the school, and after a long period of indecision, Mrs. Eckerold finally decided to send her to a school for the blind. Susan came home for weekends only. She graduated from this school at the age of sixteen. At present she lives at home, and she and her sister attend a college in the city.

Her case record at the school for the blind states: "Susan has come from a very wholesome home. The effects are shown in her conduct. Her parents have always been interested in doing the very best for her; both take active part in the Parent-Teacher Association. . . . She has been the most outstanding student of the graduating class. Her I.Q. of 126 indicates superior mental ability and her scholastic rating is very high. She shows a fine adjustment to the school and the student body, and has general poise and graciousness. Susan was chosen valedictorian."

Mildred, her sister, has been equally successful in her studies. In the High School Annual she was unanimously selected as the student "most likely to succeed in her vocational career." Mrs. Eckerold said that the two girls are very fond of each other and get along well together. Mildred admires her sister Susan but admitted that she is sometimes impatient with her because, as she put it, Susan's very slow.

In order to get a better picture of Susan's personality, the writer quotes as follows:⁵

"I started kindergarten at the age of four and it is difficult for me to recall distinctly the period before this. I do know, however, that my childhood was a happy one. No unpleasant incidents occurred in it. Usually I got along very well with seeing children and could play most of their games.

⁵ The autobiographical sketch was directed by a questionnaire.

If there happened to be anything going on in which I could not participate, I do not think I was ever disappointed. I would content myself by trying to play the game in my own way. As a rule I preferred to play with girls, since their games were more quiet. It seems to me that from the time when I began to walk and to play, I was vaguely aware of the fact that there was a difference between me and other people. I found that most of the time I had to recognize people by their voices and had to touch objects before I knew what they were, but all this I took as a matter of course. There did not seem to be anything particularly mysterious or alarming about it. In fact, it never occurred to me to question anyone on the subject of my blindness . . .

"I had no special worries. Any that I might have had were too insignificant to stick in my memory. As far as I can remember, no one ever said or did anything that hurt my feelings. At any rate, I am quite sure nothing offended me seriously.

"I feel that there is nothing in particular that blind children miss. I believe that whether or not blind children are missing anything depends largely on the extent to which their families have cooperated in the effort to enrich their lives, and has very little to do with their handicap.

"I have one seeing sister. Our lives have not been markedly different, but I think I have always been more content to stay at home than Mildred. At times I have been slow to take part in such activities as gymnastics and dancing. I certainly feel sorry to be so poor in these activities. In general I make friends easily because of my family's interest and encouragement. My sister and I often go out together and thus I have opportunities to meet seeing friends. I enjoy associating with both blind and seeing people, but sometimes I feel that I know my blind friends better than my seeing college friends.

"There are a few situations in which I am aware of my handicap. For instance, if I meet someone whom I do not recognize, and if the person begins a conversation without telling me his name, I find it difficult to ask, 'Who are you?' In incidents like this I feel handicapped and a little embarrassed, but I do not let it worry me much.

"I think that the sighted world should not regard the blind person as a strange creature to be pitied or as a burden to society. Most blind people want to be independent and want to live normal, healthy lives in spite of their handicap.

"The encouragement of my family, friends, and teachers, who have given me reason to believe that I can succeed in my chosen field, music and dramatics, has added much to my happiness and self-confidence."

It will be evident to the reader from these statements that Susan lives in a healthy, happy home environment. Her mother, father, and sister love her dearly. Obviously, there is no unnecessary sympathy or pity for her. They have complete confidence in Susan's ability. In this wholesome environment Susan developed into a normal, well-balanced,

lovable girl with pleasing, gracious manners. She is without any pronounced feelings of inferiority and seems to be not obviously self-conscious—in short, she has a personality which appeals to everyone.

The Case of Fred

Fred is a tall blond boy of 14. He is more sophisticated than most boys of his age. He is next to the youngest child in the family and the only boy among four other children whose ages range from 12 to 20.

When he was six years old he was struck by an automobile and as a result of this accident became totally blind. He was in the hospital for over ten weeks during which time he had spinal meningitis and all hope for his recovery was abandoned. Soon after his return from the hospital Fred was sent to a boarding school for the blind where he still is, coming home for week-ends only.

Mrs. Wood is of German descent, and so was her husband, who died eleven years ago, leaving her with five small children. The oldest child was 9, and the youngest was barely a year old. Having been left without any means, she took a job as janitress in the house where she lives, which she has held ever since.

She said that she had very little time to be with her children. They all had to learn to be independent at an early age, and Fred, in spite of his blindness, grew up like the rest of them. "He is just one of my five children. I had no time to spoil him and neither did anyone else in the family. Besides, the doctor told me not to pamper him, otherwise we would both feel handicapped."

Mrs. Wood told the interviewer that she had had very little education. She grew up on a farm in northern Germany, and was used to hard work. Yet she had time for fun, too. Her family life was very happy, and she gives the impression of having a normal, healthy attitude toward life in spite of her misfortunes. She has steeled herself to any eventuality. Emphasizing that her husband was very intelligent and well-educated, she said, "Fortunately, my children inherited his intelligence. I have a hard life now, but still I have much to be thankful for. I have never heard any complaints about my children. They are all happy and healthy, and are well-behaved and good students."

Mrs. Wood then presented her daughters. They all looked wholesome and cheerful, and seemed to enjoy a fine family relationship. They expressed no sentimentality when discussing Fred and his handicap. Their jokes about him convinced the interviewer that there is no sentimental attitude toward his blindness. He joins them in roller skating, swimming, hiking, and sleigh-riding. He also has his full share of responsibility when he is at home on week-ends.

During the interview Mrs. Wood mentioned that in the first months she felt very self-conscious in going out with Fred. She dreaded the trips back and forth from school. Now she does not mind it any more. Fred also

seems to be hardened to the tactless remarks of people. "After all," Mrs. Wood continued, "life is hard for everyone and we all have to go through many hardships. The sooner we learn this, the better it is. Fred accepts his blindness stoically and he is just as independent as the rest of my children. He never felt sorry for himself. I am sure he will make a success of his life. He has big plans for his future. Fred wants to be a lawyer and wants to earn a lot of money so that I should not have to work all my life. He feels he has to be the protector of the family."

Fred seemed to be like the rest of his family, a little timid at first but outgoing and friendly when rapport was established. His I.Q. is 123. His school report shows that he is an excellent pupil and that his progress has been steady and commendable. All his teachers agree that his behavior is excellent. He is helpful and cooperative in every respect.

In the interview with Fred we learned that he is extremely attached to his mother and very fond of his sisters. He also is on good terms with their boy friends. To my question whether he feels favored at home he replied with a decided "No." But he added, "I have a way of getting on the good side of my mother, not because I can't see, but because I have developed a technique which, I have to admit, does not always work. My sense of humor helps, too." He said that he confides in his mother but he prefers to solve his own problems. When asked whether his mother has a tendency to shelter him, he answered, "My mother never keeps me from doing anything. She wants me to go to the club and to have fun just like other boys of my age." Fred also said that he has no fears and hardly worries about anything. "I find a way of fixing things the way I want them."

He is aware of his handicap only when he is in a large group of seeing people, and at sport activities. His greatest wish for the future is success in his job and to make some contribution in the line of medical science. All his leisure time is spent in "experimenting", and his favorite friend is one of his sister's boy friends who is an engineer.

Fred is a blind person who has made a normal adjustment to a sighted world. He was treated as a normal boy by all the members of his family and was made to feel emotionally and socially secure. He has accepted his handicap and the limitations connected with it without deflation of his ego.

Another case illustrates the type of compensatory behavior which is of an undesirable and anti-social character.

The Case of Selma

Selma is 17 years old and a senior in high school. Her I.Q. is 148. She is a rather attractive-looking girl whose facial expression indicates boundless will power and determination. Her object in planning a college career is, as she herself said, to get an education together with seeing students in order to prove to herself and others that she is able to compete in a seeing world.

Both Selma's parents are foreign-born. The interviewer was unable to contact them personally. The case worker who had visited the home on several occasions gave the following information:

Selma and her mother do not get along well together. The case worker felt that the parents, who evidently have had little education, are eager to give her educational advantages, admire her ability, yet are unable to understand her and are frequently irritated by her. Irritation and resentment are expressed especially by the mother who greatly favors the younger brother. Selma complains that her mother is unwilling to take her out when she stays at home on week-ends, and that she is very resentful of the trip which she must make every week-end getting Selma home and then back to school. Along with all this the relations between the father and mother are rather strained and the girl is given no opportunity to have more than a passing acquaintance with her father.

Selma had a history of trouble throughout her school career. Reports tell of stubbornness, lack of inclination to obey, and quarrelsomeness with other children. Her teachers describe her as nervous, uncontrollable at times, resentful of any criticism, and easily upset. Her academic work is excellent. Her home room teacher characterizes Selma as a pupil with a tremendous desire to learn and to succeed, with tireless energy and aggressiveness, grasping rather than giving. She possesses an excellent mind, a desire to delve into things, and a boundless ambition to surpass her classmates. She is unable to make friends, but she longs to confide in older persons whom she trusts and respects. To the interviewer's question as to what she wishes most for in life, she replied, "Recognition." One of her main goals in life is "to crusade against boarding schools because they separate the blind from the seeing."

In Selma's case the adjustment to her inferiority was revealed in behavior reactions of a hyper-compensatory nature expressed in strong competitive drives. She fights strongly against the barrier raised by her handicap, justifying her aggressive tendencies on the ground that she is "a crusader for the cause of the handicapped." Lack of security growing out of the fact that she feels unloved and unwanted in the family, and inability to plan a safe economic future because of her blindness may have precipitated and intensified her attitudes of inferiority and interfered with a healthy emotional adjustment.

A somewhat similar behavior pattern is revealed in the following illustration of the denial reaction type.

2. DENIAL REACTIONS

It is typical of the members of this group that they do not admit the limitations that are associated with blindness. Their interests and goals show that they do not accept the fact that they are handicapped;

they are relatively unresponsive and frequently evasive in discussing problems related to their disability. Over-self-confidence finds expression in such assertions as, "I never worry about anything," or "I am never afraid of anything." In their own estimation they are able to do anything that the seeing can do. Only on rare occasions do they give glimpses of their deep, underlying feelings of inadequacy.

The denial reaction type may best be illustrated by comparing some of the replies to the questionnaire given to two boys both 14 years of age, totally blind, and attending public school together with seeing children. The juxtaposition of the two replies to each question brings into relief the differences in the attitudes of the two subjects and in the two types of adjustment they have achieved.

Edward's parents emigrated from Jugoslavia. His father is a weaver. George is a Negro, son of American-born parents. His father is a minister.

EDWARD

Do you like to associate with seeing children?

Yes. I like to associate with seeing children because I feel that my handicap means nothing as far as association with sighted children is concerned.

GEORGE

Yes. I like to forget that I am deprived of my sight. I find that by associating with normal boys and girls I can make them feel that I am just like they are and in order to forget that I am handicapped, I feel that it is necessary to make others forget it.

On account of your handicap do you think you need more attention from the members of your family than your sisters and brothers?

Yes. I feel because of my handicap I need more attention. There are certain things which cannot be done without sight.

No. I do need help in certain things but my sisters and brothers need help in doing things that I can do myself.

Do you believe that your problems are different from those of your brothers and sisters?

Yes. They are different because a person with a handicap must work out things which a person without a handicap does not even have to think about. For example, getting from one place to another without causing any inconvenience on anybody.

Yes. My brothers and sisters usually have problems in doing what they have to do. My problems are usually concerned with the things that I want to do.

EDWARD

GEORGE

Do you feel self-conscious?

Yes. Sometimes—for instance, when I go to a restaurant.

Yes. When I am with a group of people who are too dumb to understand that I just want to be treated like anyone else. Once in a while, when I am with the opposite sex, I get the feeling that they are afraid of me because I am blind.

Do you frequently feel inferior on account of your handicap?

No. I know that because of my handicap there are certain things which I cannot do, but there are things that I can do I feel I can do well, and I hope others feel the same.

No. I think that I'm just as good as anyone else. There are, of course, some things that the lack of sight prevents me from doing. But this is evened up because there are many things that I can do that normal people cannot do. Just because they were fortunate enough to have sight is no reason why I should take a back seat by any means.

Are you afraid of anything?

No.

Yes. I have fears just like anyone else. But as far as fearing something because I can't see goes, I am not. But it may help you to know that most of my blind sex fear the opposite sex.

What do you wish for most in life?

I wish most to overcome my handicap or any obstacles created by it and to be a success in life as any sighted person would be.

I want people to forget that I am deprived of my sight. I want to see the day when all men will be equal in the sight of men. I also want to be of some help in making this possible. This second thing is first and foremost that I want out of life.

What do you feel one misses most by being unable to see?

I feel one misses going out and meeting people, because for a blind person it is sometimes more difficult to get from place to place.

I don't think that blind people miss not being able to see pretty sights such as big mountains and heavenly canyons. I think most blind people miss not being able to compete in

EDWARD

GEORGE

active sports, such as football and baseball. I think the more ambitious blind want to be able to care for themselves, like going wherever they want to without the aid of a cane or dog. I speak from experience when I say that this can be done if one develops sufficient self-confidence.

In what way has your life been most different from your seeing brothers and sisters?

My life has been different in some ways; one way is that I am dependent on help in getting from place to place. Another is making friends at school.

I think that I've had more experience of getting in and out of trouble and figuring out ways of doing things for myself.

In what kind of situation have you been most aware of your handicap?

I have been most aware of my handicap when I have had to go to a public place where I have never met anyone. However, I do not find it long before I get over this feeling.

The time when I went to a dance with a girl and as we moved out on the floor I realized that I might not dance correctly. I had never had instructions and I could never see anyone dance. I could just dance the way that I thought was right. I did dance this way and my partner and I got all tangled. The girl tried to be nice about it but I felt then as I have never felt in my life, that is, about my being blind.

What are some of the things you think seeing people should consider in their relationship with blind people?

They should help them with their problems and prepare them for their social life.

They should realize that we are perfectly normal with the exception of being void of our sight. They should not treat them like invalids or feel sorry. They should in some cases make allowances for them in their games. When they see a blind person crossing a street or walking by himself without a dog or cane, they should not try to discourage him or offer help.

The replies of these two boys indicate clearly the two different types or modes of adjustment toward their handicap. Edward exhibits an attitude of acceptance. He does not rebel against his limitations but accepts them as inevitable. George, on the other hand, is extremely aggressive and competitive. He has a strong desire to prove himself and to others that blindness is no handicap, and that "the blind is equal, sometimes even superior, to the seeing."

3. DEFENSE REACTIONS—RATIONALIZATION, PROJECTION

Although occasionally defense is a normal adjustive mechanism, the subjects of this group use it as the primary means of resolving their problems and frustrations.⁶ Rationalizations and projections are the defense mechanisms, observed to be most common among this group. Its members seek socially acceptable reasons for their behavior and failures in order to spare themselves the necessity of grappling with the real problems which confront them. They feel they are treated unfairly by their family, not understood by their teachers, and never given a chance to show their true ability. They blame society in general for its prejudice against the blind, and their handicap for having precluded them from "success." No matter what they do or whom they meet, they are constantly aware of their personal problems, their prestige, and the impression they make on other people. Some of these individuals daydream and introspect a great deal. They are more talkative than most of the others interviewed, and seem to enjoy greatly describing their many problems and discussing the "injustice in the world."

The Case of Gloria

Gloria Diamonti is 20 years old and was born blind. Her sister, who is only two years younger, has perfect sight. Her parents are of Spanish descent. Mrs. Diamonti speaks very little English although she has been in this country for many years. Her husband died six years ago. She has temporary work as a milliner. Their apartment, located in a poor neighborhood, is small but well kept.

Neither the mother nor the sister were responsive during the interview. Mrs. Diamonti was evasive, using her language deficiency as an excuse. The sister showed a complete lack of interest in Gloria and did not even know about any plans for Gloria's future or about her present work in school.

⁶ "A person of this type generally exaggerates his unfortunate condition although he is careful not to imply that he, himself, is the product of such conditions. He, therefore, tends to exaggerate and dramatize the ills of the world which he secretly hopes will absolve him of being blamed by others." Mandel Sherman, *Mental Conflicts*, "Defense Reactions," p. 142. New York: Longmans, Green & Co., 1938.

She said they are extremely different types: Gloria is "bookish," interested only in reading and studying. The sister is more of the social type, and is fond of dancing and having "a good time." She complained, "When Gloria is at home, the radio is on all day long and the only topic of conversation is her school." She also said that she spends very little time with Gloria because she works during the week and likes to go out with her boy friends on week-ends, which is the only time that Gloria is at home.

Gloria has an I.Q. of 102. She is extremely talkative. A deep-seated nervousness seems to influence her speech and all her actions. She has poor posture, and her blindness is very conspicuous as she has empty eye sockets. She is unattractive. One feels very sympathetic toward this girl who is deprived of so many things, for in addition to her lack of vision, she has neither the love of her mother or sister nor the feeling of "belonging."

Gloria has known the interviewer for several years, so she confided frankly that she is very resentful of her home. She lost her father when she was 14 years old, and claims that he was the only one who accepted her. She feels that neither her mother nor her sister care for her. She thinks they are ashamed of being seen with her. The school is the only place where she feels happy. She dreads to think of the time when she will have to live at home permanently. "Sometimes I wish I had never been born. I don't think life has anything in store for blind people," she said. Her greatest wish is to be completely independent of her family. She also feels strongly that blind people should be brought up in a school for the blind and not together with seeing people in a public school. "There are only very few seeing people who understand the problems of the blind." Her greatest longing is to "become a teacher of Spanish in a school for the blind." She blames her teachers for her failure in arithmetic and geography. The first "has the poorest teaching methods"; the second "doesn't care for me—he thinks I'm dumb."

Gloria added further information: "Since my father's death I have been made to feel my handicap very keenly. While he was alive, no one thought much about it except in a pitying way. I felt he was the only one who cared for me. But when he died, my mother said, even within my hearing, 'That child might as well be put in a home, she isn't of any use to anybody.' To add fuel to the flame, my sister was unwilling to help me in any way; for example, taking me to school or reading my letters to me. The attitude of my family toward me is still the same. My mother often says I shouldn't expect too much of 'the dear child' and I should not make her do things for me. People forget we blind people are very sensitive to the emotions of other human beings. I am also irritated by the fact that when people make rude remarks concerning my blindness, my mother tells me that their comments are justified and that I am being too sensitive. I feel she does not try at all to understand my feelings."

The case worker of the school supports the fact that Gloria feels unwanted. She says that the family seems to make it very hard for Gloria at home. However, it must be admitted that Gloria creates a great deal of

trouble, too. For example, even before the death of her father Gloria had begun to be very demanding at home, and extremely jealous of her sister. She had fits of temper whenever any attention was paid to the sister.

Her house mother reports that she spends all her leisure time reading, and she has only one girl friend. She also says that Gloria is given to deep spells of introspection and that she has an inferiority complex, stressing that "there is nothing that she can do"; further, that she has an unusual desire for attention, and that she is overtalkative.

Gloria's language teacher writes: "This semester Gloria seemed more at peace with the world and less given to self-pity. She is still high-strung and takes disappointments very hard. For instance, it took her many months to get over the fact that her story had been rejected in a contest. She is hypersensitive and outspoken, at times even tactless. She also likes to 'show off' when we have visitors."

The Case of Frances

Frances is 20 years old and is the youngest of three siblings. She was born blind. Her mother as well as several relatives also had impaired vision.

Her father is a truck driver, and when his wife died, he remarried. Frances was a year old at this time; her two sisters were 7 and 10 years old. Her oldest sister, who seems to be the only member of the family who takes an interest in her, said that the stepmother and her father did not care for Frances at all. In fact, they were sometimes cruel to her.

The two older girls spent most of their earlier years at the home of a maternal aunt, and married rather young. They impressed the interviewer as fairly attractive but ill-mannered, aggressive, and "boy crazy."

Frances entered the school for the blind at the age of 5. The information given about her by the case worker includes the following facts: Her I.Q. is 110. She has the capacity to do good work, her greatest ability being shown in writing. She always has been a problem child; for many years she suffered from nocturnal enuresis. She is untidy about her person, destructive of her clothing, and liable to be moody. She resents the fact that her stepmother has rejected her and that her father never visits her.

Her cottage mother had this to say of Frances. "Frances is a most self-centered person. She seems to think and talk about nothing except herself. Frances interrupts any conversation and tries to draw attention to herself. She constantly says that she is unhappy, that no one likes her, and she doesn't like anyone either. She takes no suggestions for improving her appearance. She has an unusual desire for attention. The counselors have spent more time with her than with any other girl. Frances is disobedient and argumentative. Her favorite pastime is to discuss herself. She puts her fingers in her eyes and indulges in daydreaming. She herself states that she has an inferiority complex and that she is moody."

One of her former teachers reported: "There is very little that I can say about Frances and all I can say is on the bad side. Frances is a problem

child, and I have tried to study her and help her with no success at all. . . . I wonder why Frances behaves the way she does. The question can perhaps be answered best if we look at her hypersensitive and self-conscious make-up. She is always on the defensive and wastes much energy by always being on guard. . . . What Frances needs most of all is help in overcoming the self-conscious attitude and to learn to understand that people are not trying to single her out in any special or particular way."

4. WITHDRAWAL REACTION

Some individuals respond to frustrations by retreating from situations in which they experience difficulties of adjustment. All their thoughts and activities—their whole life—center around their handicap. Many of them exhibit a marked introversive tendency, self-pity and oversensitiveness. It need hardly be pointed out that withdrawing reactions differ in kind and degree from person to person. For example, some individuals retreat emotionally, whereas others withdraw on a rational basis.

Withdrawal, especially the emotional type, involves much more than a mere avoidance of contacts and experiences, a resignation of the self to the fact that certain goals are inaccessible. Withdrawal frequently is accompanied by a definite ego feeling of inferiority and sensitiveness. Members of this group avoid social contacts; they either concentrate on solitary activities such as reading, music, and listening to the radio, or they seek substitute satisfaction in the form of day-dreaming. Certain ones lack competitive drive or try only to compete with similarly handicapped persons.

The Case of Virginia

The writer met Virginia at the child guidance clinic where she had been sent by her mother for educational and psychological counseling. In a letter written to the guidance clinic the mother stated the problem as follows:

"I have been informed that you give aptitude tests. My daughter has sight in one eye only, and very little at that. She is forced to wear a shell over the eye [the shell is made of blown glass and looks like an artificial eye] that has no vision, and that, together with the fact that her eyesight is so poor, has made her very self-conscious. And now that she is entering her last term at P.S. —, we are wondering what next."

In the first interview the mother added to her previous statement that Virginia feels more miserable every day. She does not want to take part in games and other social activities, either at school or outside of it. Even at home she wants to stay by herself and will not mix with people. When she comes home from school, she takes the glass shell out of her eye and

uses this as an excuse for not coming into the living room after dinner, especially if they have company. She will say, "Now, mother, please don't expect me to come into the living room to see people because I do not have my shell in, and I am going to stay in my room to read."

The mother reported that Virginia was born after an abnormal pregnancy. According to her, no definite cause for the eye defect has been found. The family doctor thinks that it is just a "freak of nature." Mrs. Gardener told of her feelings in the hospital when she discovered her baby's eye defect:

"My first child was such a perfect baby in every way. She was so beautiful and had such big beautiful eyes. I waited more than five years to have another baby, and when I went to the hospital, I took the picture of my child with me and put it on the table beside my bed. I pictured another baby with 'big beautiful eyes' like my first child. When I knew the second day about Virginia's eyes, I just couldn't believe it. I went all to pieces, and didn't eat for five days. My milk all left me and I wouldn't see anyone. My husband would come and sit in the chair by my bed, but I couldn't talk about it. The doctors talked to me and told me about other children born with only one arm, some with cleft palate, some with club feet, trying to make me feel that Virginia wasn't so unlucky after all. But it never touched me. It didn't help the lump of misery here in my heart. I just couldn't accept it. But finally I began to pull myself together. I talked to myself. I said, 'Here you have a good, kind husband, one perfect older child, a mother and father who would die without you, and now an infant to care for.' So I made an effort, and I finally went home, but no one could mention it to me, and I couldn't think about it. All my tears were over the dishpan, and I tried to go on living for my family. But I have never talked about Virginia's eyes to anyone; I have tried to make it as if it were not true. I have tried to do the best I can for Virginia but somehow I think I have not done as I should as a mother."

Mrs. Gardener continued: "We have tried everything under the sun in order to have her vision restored. You can't imagine what an unhappy child she is. She feels just miserable that she looks different from others. It's getting worse as she grows older; she withdraws more and more, and I feel that I don't know what to do. She frequently remarks, 'I'm different from others. I am beneath everybody and how can boys ever care for me?' She thinks no one could like her. Whenever I try to lift her ego, it doesn't work. She usually says: 'I have my own opinion about myself and nobody can change it.'" With a deep sigh Mrs. Gardener added: "With her handicap, what can she do? What has life in store for her?"

Subsequent interviewers revealed that only when Virginia started school at six did she realize that her eyes differed from others. Mrs. Gardener said she had not been aware of it before then because it had never been mentioned at home and Virginia did not play with other children as there were none in the neighborhood. On coming home from school the first day she grasped the mirror and looked for a long time. "Mother, I *do* have different eyes!"

That was all she could say before she burst into crying. "It was her first let-down," said Mrs. Gardener. "I don't think she has overcome it. She didn't want to go back to school. After some resistance, the doctor finally put a shell over the disfigured eye and the teacher informed the children that Virginia's eyes had been operated on, and that her eyes had improved."

Regarding this school-experience Virginia told the interviewer as follows: "When I entered school, the children used to make me miserable. They called me all sorts of names on account of my disfigured eyes. As I am not the type to talk about my feelings, nobody knew how miserable I felt. I didn't want to eat, hoping I would soon die. Finally, I couldn't bear it any longer. I didn't want to go to school at all. This way mother learned about my troubles."

From several interviews with Virginia over a period of many weeks, additional facts were uncovered. Her I.Q. of 127 indicates that she has superior mental ability. However, her report cards show rather low grades, even some failures. One of the main reasons for not being able to work up to her full capacity seems to be the fact that she has not been able to speak about her handicap to anybody at school, either her teachers or her classmates. She has never asked for special consideration in regard to seating, release from work involving eye strain, and so on. She would rather fail in a test than ask for any privileges. She is afraid that "people might pity her." It took six interviews before Virginia was able to speak freely about her visual defect, to reveal her secret that she wore a glass shell over her blind eye, and to discuss her feelings of inferiority and self-consciousness in connection with her handicap.

It seems obvious that the mother's attitude toward Virginia's visual handicap played a large part in Virginia's difficulty in accepting her handicap and in making a good adjustment to it. Like her mother she looks at her eye defect as a disgrace and something to hide at all cost. Like her, too, Virginia is evasive and does not face the facts. Furthermore, she has reached the stage of adolescence at which—as is frequently the case—an acute realization of her physical defect and her limitations have aroused personal and emotional disturbances which are expressed, as previously indicated, in intensified self-consciousness, increased feelings of inferiority, and strong withdrawal tendencies which the mother had reported.

5. NONADJUSTIVE BEHAVIOR REACTIONS

The behavior reactions so far considered have been definitely adjustive, whether for good or for ill. Although some of these mechanisms may not always be approved socially, they often serve to reduce the individual's emotional tension and assist him to adjust to his environment. Compensation and denial are satisfying even though, when

carried to the extreme, they may draw down a certain amount of social censure on the individual resorting to them. Similarly, mechanisms of defense in the form of rationalization and projection—as presented in this study—and even withdrawal assist the individual in making some kind of adjustment to his disability.

There is a group of subjects, however, who are characterized by nonadjustive behavior reactions. These individuals seem to be unable to deal effectively with life's problems. This group is the least homogeneous. Their behavior reactions reveal neither a definite pattern nor any dominant use of specific adjustive mechanisms. Maladjustment is shown in a variety of ways which differ considerably from case to case. Frequently, the subjects resort first to one mechanism and then to another, in a futile attempt to reduce the tensions which are set up within the individuals by their failure to adjust effectively. Their efforts are fruitless because they lack persistence, and confused because their ineffectiveness leaves them without tangible purpose or result. Some of the most frequent characteristics of this group are: strong self-centeredness, non-sociability, lack of competitive drives, and particularly emotional instability, nervousness, and intensive worry and anxiety.

The following three cases illustrate the variety of behavior patterns of this group.

The Case of Joseph

Joseph was born totally blind. He is 15 years old, the son of Italian parents. He has one younger sister with normal sight and an older brother who was also born totally blind. At present his brother attends college. The case worker described his sister as a very shy, reticent child, withdrawn like her mother. Both the teachers and sister give the impression of being overburdened by the problems of living, whereas the older brother is outgoing, very aggressive, boisterous and domineering. He has won several cups as champion of a wrestling team. The father is an unskilled laborer who left his wife and children to live with another woman. He was arrested for having deserted his family.

Joseph is a boy of average mental ability (his I.Q. is 107) who has always been extremely nervous. He is an unusually religious child. His teachers describe him as unstable, and say that he is careless about his appearance. He has mannerisms peculiar to the blind, such as rocking back and forth, and twitching his hands. He also is very argumentative.

When he was 12 years old the school nurse reported that he had a few serious upsets. He fainted at times after coming back from church. (He attended church without having eaten, a religious custom.) He complained of not sleeping well and of not being able to swallow his food. It is also reported that he wet his bed frequently. All these incidents occurred during the time when the conflicts at his home became intensified.

A psychiatrist who had one contact with him wrote the following report: "A 12-year-old boy with a history of disturbed sleep, poor appetite, occasional stuttering, daydreaming, excessive interest in church and recent enuresis. I.Q. 105 when child was 8 years old.

"Psychiatric findings: A blind boy of average intelligence who is reasonably self-reliant. Cooperative. Friendly relations easily established. Over-productive. Conscientious. He recounts his difficulty in getting along with his father; expresses dissatisfaction because he is not larger and guardedly reveals that the younger boys have stirred up some of his anxiety by threatening him that he 'might die right this minute.' His dreams indicate that repressed hostility is giving him trouble. Superficially, he gives the impression of having faced the handicap of his blindness in a healthy way. Actually, there is no indication that he resents it deeply; if he were able to bring himself to say it, it might be healthier for him.

"While it may be that the boy is beginning to make a neurotic adaptation, I believe it is premature to make such a diagnosis, for he is having to meet so many reality problems: his blindness, a complex family situation, a teacher who does not seem to meet his needs, and an approaching adolescence."

When the meeting with the interviewer took place, Joseph showed extreme nervousness because it was the day "of a big dance at the school." He was greatly worried that he would have difficulty in finding a partner or in entertaining a girl. He admitted that he thought a great deal about girls in general and felt very helpless when meeting them. It seemed to be his greatest problem at that time.

As for his blindness, Joseph stated that he considers it rather an advantage than a handicap. He prefers not to live with his parents who, he said, leave him out of the family circle completely, much more even than his blind brother. He stated that they have many quarrels and troubles, and he has no interests in common with them. He also prefers to live with blind people rather than to associate with seeing. He admitted that he is afraid of growing up because he thinks that he will be unable to deal with the problems of the future, especially those involved in getting married and finding work.

It is interesting to note the difference between the reactions of the two boys to their blindness. Both, apparently, are extremely frustrated by their limitations. But whereas the older seems to assume many outward defenses, Joseph shows symptoms of withdrawal and is unable to verbalize his feelings and conflicts about his condition.

The Case of Bill

Bill is 15 years old and is totally blind. He has an I.Q. of 89. His ability to speak rather intelligently gives the impression that his mental capacities

are greater than is shown by the results of the test. Evidently he has an excellent verbal memory.

When he was 10 years old the school report stated: "He is lacking in ordinary skills, such as reading and writing, and has no number concepts whatever. He is incapable of working in a group as his mind wanders constantly; yet tutored privately, he benefits in many respects and is able to do some academic work on a lower grade level."

Bill is a very nervous child. This is revealed in all kinds of mannerisms, such as fidgeting with his hands, rocking his body back and forth, moving his fingers before his eyes, or pressing them into his eyes. One of his teachers reports that he masturbates a great deal and also stutters. He is very much withdrawn and stands to one side, staring in the sun or in the light, while others play. Occasionally, he picks out a younger child as a companion or one of lower mentality than he is. He participates in games only when adults suggest it, and then he invariably forgets what he is doing. He is frequently absent-minded. His habit of daydreaming keeps him from becoming an active and accepted member of any group and prevents his accomplishing anything. He takes longer to dress and undress, make his bed and get ready for school, etc., than any other child. Sometimes he even forgets to finish his food because he is so involved in daydreaming. He is hardly responsible socially, and is rather selfish and self-centered. He has no sense of humor. In Sunday School he is the most religious of all the children.

In the early case history of this child who, it seems, does not belong, we find the key to an understanding of his behavior and attitude. Bill is an illegitimate child who spent only the first six months of his life with his mother. Besides being an unwanted child, he was resented even more when his mother noticed his blindness. From the record we learn that he was left alone a great deal during this early period of infancy. No one conversed or played with him and the usual motherly attentions were denied him. When he was six months old he was taken to a refuge home for babies. For reasons unknown to the writer, Bill had at least three different homes during the first three or four years of his life. Finally, he was placed in a foster home where he experienced for the first time a warm and sympathetic interest for his physical and emotional needs. From his "substitute mother" we learned that Bill, who was now 5 years old, exhibited many fears, such as the fear of the sound of running water, a barking dog, or the deep voices of strangers, especially of men. Moreover, he was very nervous, tense and excitable. He was unable to feed and dress himself, and could not take care of his bodily needs. He slept fitfully, and cried and screamed in his sleep. He was reported as a probable mental case.

For the past eight years he has been a pupil of a residential school for the blind and a very good arrangement has been made for him to spend week-ends and vacations at his foster home. His latest school reports may be summarized briefly as follows: Bill has accomplished much in the way of being one of a class instead of an individual. He is making a good adjust-

ment and shows steady progress. While he is a bit unsettled on some days and his mind is inclined to wander, on the whole he does better work.

Bill is an unwanted and rejected child who lacks all emotional and physical security. There was no one in his early life whom he could look up to and with whom he could identify himself; a child who was starved for love. He could not have been expected to develop differently. His blindness undoubtedly has accentuated some of his poor traits.

The Case of Tom

Tom Rovallo is 14 years old and triply handicapped: he has defective vision, impaired hearing, and his mental ability is slightly below the average, his I.Q. being 94. His mother is quite deaf. She has two other children, a girl 12 years of age, and another boy 10 years old who still uses baby talk. The first child, a girl, died of infantile paralysis when Tom was about a year old. All the children look rather attractive and resemble the father more than the mother. Mr. Rovallo is an Italian of gigantic proportions and overweight. Mrs. Rovallo is Polish. She is underweight and not well. When questioned about her husband she explained reluctantly that he works for the city subway system, but left her and the children. She said that he visits her sometimes on week-ends and that the children do not know of the rift in the home. She rented a cheap apartment in the slums because it was all she could afford. She generally earns her living by doing housework; at present she is working in the needle trades. She said that her deficient hearing is a serious handicap in looking for a job.

Mrs. Rovallo was brought up by very strict and conservative parents. She went to school in this country and although she had only a limited education, she shows good common sense and is devoted to her children. She seems to be fond of Tom and suffers greatly that he and his father do not get along. There is much friction between the two and they frequently quarrel. Tom seems to be a source of conflict in the home and has gotten from his father "more beatings than kind words." Mrs. Rovallo said, "It breaks my heart to see how they resent each other. I would like to have him at home for the summer months because I am afraid he will grow away from me completely. But his father wants to send him to a camp. He thinks Tom is good for nothing."

According to his mother, Tom was a "perfect picture of health" until he was six years old. He was a wanted child and a normal infant in every respect. At the age of six, a few days after he entered school, he got measles, and soon after that pneumonia. Double mastoid set in which necessitated an operation on both ears. After many months of illness, Tom got spinal meningitis; then, he lost his sight which he regained only partially. However, his ears are still draining.

Until the age of 10 Tom lived at home and went to a Braille class. Then

he was transferred to a residential school for the blind and came home week-ends. His first report from this school states: "Tom has repeated the third grade for the second time but in no way has he done successful work on a third grade level. He is inattentive in all subjects and seems to have no interest in his school work. In part this may be because, in comparison to other children who are much younger than he, he makes a poor showing. In the dormitory and on the playground, Tom often creates disturbances among other children with wild tales and exaggerated ideas. He takes no responsibilities around the school because he lacks in interest and cannot follow directions."

His school record discloses that he was suspended twice from the school because he took tools from the workshop, and also because he is frequently disobedient, impertinent, noisy, and does not show cooperation in his school work. During the time of suspension from school he started a fire in the back yard of his home and got into trouble with the police.

His present cottage mother said about Tom: "He is a boy who can be winsome and impertinent, talkative and stubborn, neat and untidy. Because of his dual nature it is difficult to decide which is the best way to meet his problems.

"In his house duties he keeps a most untidy locker but he can make a very neat bed and enjoys the praise this may bring him. He is interested in handwork and does very creative things. He enjoys especially the company of boys who are imaginative. When I have had occasion to discipline him, I have noted he either assumes an 'I don't care' attitude or becomes impertinent. The more attention given his bad conduct, the more troublesome he becomes.

"After a suspension this spring his mother returned with him to school and I endeavored to discuss with her some of Tom's difficulties. I felt that Mrs. Rovallo was unable to get the point at all. From her I learned there is some dissension in the relationship between her and her husband. Mr. Rovallo is a martinet in his home. . . . He beats the children severely, especially Tom, and according to Mrs. Rovallo, she spends her energy protecting them from their father."

From the interview with Tom we get the following picture: He started by saying, "I hate school because everybody picks on me and I hate to be at home, too, because I am always in trouble. I get the rotten end of everything—it's just my hard luck." To the question in Roger's Personality Test, "Suppose you were going away to live on a desert island and could only take three people with you, whom would you choose?" he answered, "My dream man, his wife, and his horse. My dream man makes everything possible for me. I dream of him every night." Here followed a long story with unbelievable details of the life and deeds of his dream man. When questioned whether he wouldn't like to take someone from his family or school, he replied, "I don't care, they all play dirty tricks on me, especially my younger brother." After a pause he added, "Perhaps I might take a boy from school; he is good in repairing a radio."

To the question on what he likes best to do with his leisure time, he mentioned walking by himself. The talent or ability he would care most for is horseback riding and shooting like his dream man. In reply to a query as to what he would do if he won the Irish sweepstakes, he said, "I would put the money in the bank to use it when I am old enough. I am sure I'll have plenty of trouble, I get the bad end of everything." He could not think of anything he wanted right now.

When asked, "In your opinion, when does one have the most fun in life?" he replied, "I haven't had much fun. I have trouble over trouble all the time, they just pile up like a barricade." As for the worst thing that could happen to anyone, he said it would be "to suffer from pain that you are unable to do anything about." He mentioned as one of his fears the fact that when he goes to bed he sees at least 5 to 10 red mice running around him. When he screams, they disappear. During the night he also sees big ugly things moving toward him like tall skeletons. As his greatest problem, he states that he has no friends. He has not been on speaking terms with his father for a long time. He quoted his father as having said, "Blind people should be killed before they grow up."

He resents his mother because she treats him like a baby, and wants to keep him locked in all the time. "Maybe she thinks I am too blind." He also does not care to go out with his mother because her friends feel sorry for him and pity him. "I don't like that. They should treat me like one of them and not any different." About his handicaps he remarks, "I don't mind them, they are just a habit with me." To the question on what he wishes most in life, he replied, "To be a pilot and prove that sightless people are not as helpless as they seem to be."

From Tom's behavior pattern we may judge that his maladjustment is the result of many causes. It is hard to determine which of them are basic; undoubtedly, they are interrelated; his tragic illness at the age of six, the physical and traumatic experiences connected with his impaired hearing and vision, and the effect on his mental health, each by itself would have been enough to interfere seriously with his emotional and social adjustment. In addition to these factors, Tom had to contend with discord at home, resentment on the part of his father, and probably rivalry with his younger brother. In a study of other cases with a similar developmental health history—for instance, the case of Fred Wood—it was shown that when the home environment was harmonious and the handicapped child was fully accepted, he was able to make a wholesome personal, social, and emotional adjustment to life. It seems that the family situation in which Tom finds himself is a greater source of conflict and emotional disturbance than his blindness. His mother, undoubtedly, is the only one in the family who cares for him, yet seems to give him very little opportunity for wholesome growth.

We thus have the picture of an individual who goes from one unhappy experience to another. Undoubtedly, there are indications that this boy, who has suffered so much over a long period of time, is mentally disturbed and needs psychiatric help.

In summary, it may be stated briefly that the individuals studied revealed a variety of symptoms indicating feelings of inferiority. By means of compensation or denial, rationalization or withdrawal, the subjects tried to solve their differences in their struggle for recognition and prestige. Some were unable to adopt adjustive behavior which would reduce tension, and remained in an unadjusted state. Although only five types of mechanisms of adjustment have been discussed in this study with respect to parents and their children, it should not be inferred that the subjects revealed only these adjustive habits or adopted only one type of mechanism in order to solve some of their conflicts of inferiority. In several instances, it was evident that several modes of adjustment were used. In general, however, one particular mechanism played a predominant role in the individual's reaction to his frustrations and conflicts.

CHAPTER VIII

RELATIONSHIP BETWEEN CHILD'S ADJUSTMENT AND PARENTAL ATTITUDES

In the foregoing chapters are presented the implications of blindness in children for their parents, and the manner in which the resultant parental attitudes reflect on these blind children. The present chapter is an attempt to investigate by means of evaluation scales to what extent the child's adjustment is related to parental environment and attitudes. Full use of the lengthy case material on all the fifty subjects studied proved impracticable since it is not possible to grasp the complete content of such extensive case records. It was necessary to break down the material into its significant elements in order that the relationship of those various aspects which are of particular interest in this study could be clearly seen.

For this purpose the writer constructed a series of evaluation scales by which to appraise those aspects of parent-child relationships and parental attitudes which may have a conditioning effect upon the emotional reactions and social behavior of the blind child.¹ Twelve scales were devised. The first three cover the physical, cultural, and emotional environment of the home, indicating:

1. The socio-economic background of the parents.
2. The cultural-educational status of the parents.
3. The emotional atmosphere of the home.

Scales 4 to 7 deal with parental attitudes toward the child:

4. Parental acceptance or rejection of the child.
5. Child's social status in the family.
6. Parental attitude of protectiveness toward child.
7. Modes of parental adjustment to the child's handicap.

The child's attitude and reactions are rated by Scales 8 to 12:

8. Relationship and attachment to his family.
9. General adjustment to life.
10. Adjustment to his handicap.
11. Personal and social adjustment to school life.
12. Modes of child's adjustment to handicap.

¹ For a discussion of the value of the evaluation scales see Chapter II.

Scales 7 and 12 differ from the others in that they are not a continuum in type, but consist of five descriptive categories. The use of two different types of evaluation scales necessitated treatment by different statistical methods. Correlation coefficients were computed to investigate relationships between various continuous data, while contingency coefficients were calculated for categorized material. In the Appendix, pages 1 to 10, the evaluation scales are presented.

In interpreting the results obtained we must keep in mind the difficulties inherent in the evaluation of human behavior, in the measurement of the effect of environmental influences upon the behavior of the individual, and in the rating of attitudes, especially those of an emotional nature. Moreover, human judgment in this field is liable to error. Therefore, any interpretation of the results of the statistical data must take into consideration the inadequacy and limitations of our tool of measurement.

On the basis of the statistical results in Table 3 the following statements may be made with reference to the group studied²:

1. The socio-economic status of the parents is highly correlated with their cultural-educational status (.817). The socio-economic status also is related to the emotional atmosphere of the home (.583), the acceptance or rejection of the child (.577), the child's social status in the family (.631), his attachment to his family (.553), and his general adjustment (.412). This leads us to the conclusion that where there is financial security and a fairly high cultural background, the parents tend to accept the child more completely and to build up a happier relationship with him than parents of a low socio-economic level. On the other hand, there appears to be little or no relationship between the socio-economic status of the parents and the parental attitude of protectiveness toward the child (.028), or his own attitude toward his handicap (.214). This would seem to indicate that parents of any socio-economic level may be overprotective and oversolicitous in their attitude toward their blind children and thus may affect unfavorably the child's own attitude toward his handicap.

2. Like the factor socio-economic status, the educational-cultural status of the parents has a close bearing on the emotional atmosphere of the home (.726), on parent-child relationships with respect to acceptance of the child (.725), on the child's social status in the family (.726), and on his attachment to his family (.669). It is also evident that the educational-cultural status of the parents is more closely related to the blind child's general adjustment (.633) and his adjustment to his

² All the correlations computed are positive.

TABLE 3
INTER-CORRELATIONS BETWEEN THE TWELVE VARIABLES OF THE EVALUATION SCALE¹

	2	3	4	5	6	7	8	9	10	11	12
1. Socio-economic Status	.817	.583	.577	.631	.028	.409	.553	.413	.214	.390	.524
2. Educational-cultural Status		.726	.725	.726	.268	.633	.699	.633	.446	.593	.681
3. Emotional Environment			.872	.823	.460	.848	.858	.830	.627	.766	.808
4. Acceptance or Rejection of the Child				.938	.426	.900	.917	.806	.615	.775	.737
5. Child's Social Status in the Family					.273	.815	.916	.702	.501	.667	.675
6. Parental Protectiveness toward the Child						.564	.372	.620	.717	.616	.592
7. Parent's Mode of Adjustment							.882	.851	.784	.840	.706
8. Child's Attachment to Family								.769	.614	.715	.754
9. Child's General Adjustment									.811	.931	.857
10. Child's Adjustment to Handicap										.844	.816
11. Child's Adjustment to School											.818
12. Child's Mode of Adjustment											

¹Computations were made on the basis of the ratings of all three judges.

handicap (.466) than is the socio-economic status of the home. This may be explained by the fact that parents of a higher educational-cultural level are generally more intelligent and for this reason have a better understanding of the special needs of their handicapped child and are better able to stimulate and enrich the child's life than parents with a low educational-cultural status who frequently show a poor mentality and because of this are often unable to deal with some of the problems involved in rearing a blind child.³ However, as in the case of the socio-economic status, there is a low relationship between the educational-cultural background of the parents and their attitude of overprotectiveness toward their blind child (.268).

3. There is a close relationship between the emotional atmosphere of the home and the parental acceptance of the child (.872), the child's social status in the family (.823), his relationship to the family (.858), his adjustment in general (.830), his adjustment to the school (.766), and his adjustment to his handicap (.627). From these observations we may draw the conclusion that in stable homes with favorable family relationships the blind child experiences emotional security and feels accepted by his parents, and as a consequence his adjustments to life, to school, and to his handicap are wholesome.

4. The statistical data clearly indicate that acceptance or rejection of the blind child is highly correlated with his general adjustment (.806). Parental acceptance also has a close bearing on the child's adjustment to his handicap (.615). Whereas the child makes a wholesome adjustment in a home where he feels accepted, poor adjustment is shown in cases where he has been rejected. This would seem to indicate that emotional security is of great significance in a child's adjustment. The individual case studies presented in Chapters VI and VII bring this point out vividly.

5. There is a substantial relationship between parental protectiveness and the child's general adjustment to life (.620) and his adjustment to his handicap (.717). This finding would seem to indicate that where parents give their child understanding and do not indulge in maudlin sentiment, the personality of the child seems less obviously affected by his disability. But where the parental attitude is marked by over-indulgence and overprotectiveness, and where parents are emotionally greatly disturbed and unable to accept their child's handicap, the blind child is likely to fail to make a wholesome adjustment. The explana-

³ Although emphasis has been placed on the environment, the part which inheritance plays in these relationships must not be disregarded. Particularly is this true of the relationship of the education-cultural status to the other factors under consideration.

tion for the low correlation between parental protectiveness and the blind child's social status in the family (.273)⁴ and his attachment to his family (.372) may lie in the fact that the strongly overprotective attitude of the parent frequently finds expression in inconsistent reactions to and dealings with the child. This is so because the protective parental attitude is often motivated by an emotional instability on the part of the mother and by her ambivalent feelings toward the child. Ambivalence and an inconsistent attitude tend to develop a feeling of insecurity in the relationship between the parent and child, and thus influence the child's social status in the home and his personal attachment to his family, especially to his mother.

6. The items Parental Acceptance or Rejection of the Child and the Child's Social Status in the Family are akin in meaning; this explains the high correlation between these two scales (.938). The same is true of the child's general adjustment and his adjustment to school life which has a high correlation (.931).

An attempt was also made to determine whether any relationship could be discovered between the behavior types of the parent and that of the blind child. Variables 7 and 12 represent the most frequent types of attitudes and modes of adjustment on the part of parents and of the blind children studied. As previously indicated, these two variables are collections of descriptive categories and are not continuous scales like the rest of the variables. To compare the relationship between the parent's and the child's attitudes and modes of adjustment, a contingency coefficient was calculated. The result of .706 indicates a fairly high relationship between these factors. This leads us to the conclusion that parental attitudes in handling the child, particularly with regard to the handicap, and the personal modes of adjustment have a fairly substantial bearing on the child's attitudes, his emotional reactions and his social behavior.

This fact emerged repeatedly in the case studies and is illustrated in the case of Dick (Chapter VI) and in the case of Virginia (Chapter VII). Allen and Pearson,⁵ from their analysis of the life histories of twelve variously handicapped children, came to a similar conclusion. They state:⁶

⁴ The positive correlation of .273 between the scales Parental Protectiveness and the Child's Social Status in the Family is due to an artifact in these two scales, namely, that they are identical at Step 1 and opposite at Step 5.

⁵ Dr. Frederick H. Allen and Gerald H. Pearson, "The Emotional Problems of the Physically Handicapped Child," *British Journal of Psychology*, Medical Section, 8, 1928.

⁶ Dr. Frederick H. Allen and Gerald H. Pearson, *op. cit. supra* note 5, p. 233.

"The child seems to adopt the same attitude to the disability as his parents do. If they worry about it, so does he. If they are ashamed of it, he will be sensitive, too. If they regard it in an objective manner, he will accept it as a fact and will not allow it to interfere with his adjustment."

Table 4 presents the results of the statistical comparison of the judgments of the raters.⁷ The judgments of rater A were compared with those of raters B and C, and those of rater B with those of rater C. A glance at the table reveals a fairly high relationship between them. The contingency coefficients of all the raters range from .594 to .780. The range for judges A and B is from .695 to .780; for judges A and C, from .602 to .776; for judges B and C, from .594 to .752. These differences in range indicate that there was slightly better agreement between raters A and B than between raters A and C and raters B and C. This result may be partly explained by the fact that rater C represents a group of judges (five housemothers participated in the rating), and not one individual as does rater A and rater B.

TABLE 4
CONTINGENCY COEFFICIENT BETWEEN THE JUDGMENTS OF THE RATERS⁸

Item	Judges		
	A B	A C	B C
1. Socio-economic status (physical environment of home)	.748	.684	.697
2. Cultural status of parents (educational environment of home)	.780	.761	.652
3. Atmosphere of home (emotional environment)	.741	.727	.655
4. Parental acceptance or rejection of child	.769	.694	.686
5. Child's social status in the home	.777	.773	.717
6. Parental protectiveness toward child	.706	.665	.720
7. Modes of parental adjustment to child's handicap	.728	.704	.742
8. Child's relationship and attachment to family	.751	.776	.752
9. Child's general adjustment	.695	.699	.710
10. Child's adjustment to handicap	.715	.602	.604
11. Child's adjustment to school	.707	.715	.690
12. Modes of child's adjustment to handicap	.710	.617	.594

⁷ The contingency coefficient was used for this comparison because, for some of the variables measured, certain steps were not applicable to any of the subjects in the group studied, for example, Step 1 in Scale 1, Socio-Economic Status.

⁸When the number of classes equals 4, the contingency coefficient cannot exceed .866; when the number of classes equals 5, the contingency coefficient cannot exceed .894. See G. N. Yule, *An Introduction to the Theory of Statistics* (1929) p. 66.

In summary, the contingency coefficient indicate: (1) the judges ranked or evaluated the subjects pretty much in the same way; (2) the inter-correlation would seem to indicate reliability of the results. However, an explanation of this rather high correlation between the judgments of the raters is appropriate at this time, for at first sight these results may be viewed with some suspicion. Ratings based on subjective judgments rather than on statistical evaluation rarely reveal such high agreement. This close correlation is all the more striking in view of the fact that the ratings by the three judges were made independently and without discussion of individual cases. As a matter of fact, the author herself did not anticipate the majority of these results. In partial support of the high correlation the following facts may be pointed out. In order to obtain as far as possible a uniform rating, the investigator presented to the judges a detailed description of the various items to be evaluated. She also spent many hours in conference to explain the purpose of the study and to clarify the meaning of the scales and the role of the judges, in order to make sure that each of them had a similar understanding of the scales and of the various special terms applied in them.

The investigator was also interested in finding the relationship between the parent's appraisal of the child and the child's appraisal of himself. For this purpose a five-step rating scale was used which had been worked out by Professor Percival M. Symonds.⁹ The scale consists of five groups of adjectives ranging from a good and cheerful disposition to an unhappy and discouraged outlook on life. The same scale was presented to both the parent and the child with a slight difference in instruction. The parent was told: Check one of the following groups of adjectives which you think best describes your child. The instruction to the child read: Write the number of the group of adjectives which you think best describes you.

Tables 5 and 6 present the results. The correlation coefficient of .30 indicates that there was only slight agreement between the parent's appraisal of the child and the child's self-appraisal. In only 30 per cent of the cases did mother and child agree in their rating; 28 per cent of the parents rated the child one step higher than the child rated himself; 33 per cent of the parents rated the child two steps higher; and 9 per cent rated the child one step lower than he did himself. While nearly two-thirds of the parents chose Step 1 or 2, which indicate a happy outlook on life, more than two-thirds of the blind children checked Step 3 specifying that life has both favorable and unfavorable features.

⁹ The items on which the appraisal was made appear in the Appendix.

No definite statements can be made with regard to the discrepancy in judgment between parent and child. However, it is probably safe to say that either it is "wishful thinking" on the part of parents who want their children to have a happy outlook on life, or the parents may feel that it would be an indirect criticism of themselves if their child were not happy, and therefore do not admit the condition even where it exists. It may also be that some of the mothers simply know little of the inner life of their children or the adult concept of happiness might differ from the child's concept of happiness.

Summarizing, we may state that the above findings represent the best estimate that can be made from the sample studied. It is suggested that a better understanding of the relationship between the various

TABLE 5
PARENT'S APPRAISAL OF CHILD AND CHILD'S SELF-APPRAISAL¹⁰

<i>Rating Steps</i>	<i>No. of Parents</i>	<i>No. of Children</i>
1 Favorable end	32	7
2	21	13
3	18	49
4	1	2
5		1
Total	72	72
Average ¹¹	1.83	2.68

TABLE 6
COMPARISON BETWEEN PARENT'S APPRAISAL OF CHILD AND CHILD'S SELF-APPRAISAL

<i>Item</i>	<i>No. of Parents and Children</i>	<i>%</i>
Parents and children agree	22	30%
Parents rate child two steps better than child himself	24	33%
Parents rate child one step better than child himself	20	28%
Parents rate child one step lower than child himself	6	9%
Total	72	100%

¹⁰These data were derived from the 72 parents and their children who replied to the questionnaires.

¹¹The T test for the significance of the difference between these two means shows a statistically reliable difference at the 1 per cent level.

factors can be obtained if, at the same time, the evidence set forth in the preceding chapters is taken into consideration. In the light of all the facts pointed out in the case studies, as well as in the statistical analysis, we are justified in stating that a definite relationship exists between a blind child's behavior and adjustment and the parental attitudes to which the child was exposed in early life.

With respect to this aspect of the study the following recommendations are made:

1. A larger population of the blind, preferably the noninstitutionalized, should be used.
2. The population should include various age levels ranging from the preschool up to the adult level.
3. In the application of the evaluation scales to this enlarged group, a greater number of judges should participate in the rating.
4. The techniques employed here should be applied to the study of other types of physically handicapped individuals.

CHAPTER IX

APPLICATION OF THE FINDINGS TO THE THEORY OF "ORGAN INFERIORITY"

Now that the data and findings of this study have been presented, we are prepared to reconsider the fundamental hypothesis formulated in Chapter I, and also to consider how the findings of this study are related to Alfred Adler's theory of "organ inferiority" which emphasizes the relation between psychic anomalies and constitutional inferiorities. Alfred Adler, the exponent of the Individual Psychology, states:¹

The possession of definitely inferior organs is reflected upon the psyche and in such a way as to lower the self-esteem, to raise the child's psychological uncertainty; it is just out of this lowered self-esteem that there arises the struggle for self-assertion which assumes forms much more intense than one would expect. As the compensated inferior organ gains in the scope of activity both qualitatively and quantitatively and acquires protective means from itself as well as from the entire organism, the predisposed child in his sense of inferiority selects out of his psychic resources expedients for the raising of his own value which are frequently striking in nature and among which may be noted as occupying the most prominent places those of a neurotic and psychotic character.

According to Adler's teaching,² the individual, confronted with an "organ inferiority"—whether morphological or functional—has three courses of action open to him in what is called the psychical, as well as in the physical, sphere. In accordance with the choice made by the individual the result for him is either (1) success or even triumph of the genius achieved through *effort* that overcomes weakness; (2) neurosis, psychoneurosis, or psychosis, resulting from an *evasion* of the difficulty; or (3) disease, degeneration, or decay growing out of despairing *retreat*.

This thesis would lead one to expect a high incidence of neurotic or psychotic tendencies in physically handicapped people. But, as in-

¹ Alfred Adler, *The Neurotic Constitution*, p. 3. New York: Dodd, Mead & Co., 1930.

² Alfred Adler, *Problems of Neuroses*. New York: Cosmopolitan Book Corp., 1930; Alfred Adler, *Study of Organ Inferiority and Its Psychical Compensation*. New York: The Nervous and Mental Disease Publishing Co., 1917.

dicated in Chapter I, objective studies of the blind and deaf have laid this point of view open to question. The recent exhaustive research by Landis and Bolles³ provides significant data which seriously challenge Adler's theory. Landis and Bolles compared 100 handicapped women, drawn from four medical diagnostic categories, namely, orthopedic disability, spastic paralysis, cardiac disease, and epilepsy, with a group of 142 hospitalized psychiatric patients and 153 physically and mentally normal women as to the characteristics of their early home background, psychosexual development, and personality adjustment. Their findings revealed:⁴

. . . relatively more of both the physically handicapped girls and the psychiatric cases came from homes that were insecure and unstable, while relatively few of the physically and mentally normal women came from such homes. The sources of insecurity in home background were essentially similar. Somewhat more of the physically handicapped group reported that they had been shown no affection by either parent, while more of the psychiatric patients were emotionally rejected by their parents. Extreme overprotection was more frequently reported by the handicapped than by the psychiatric patients.

They further state that the percentage of neurotic patients coming from insecure and unstable homes was approximately the same as that of the physically handicapped individuals. Furthermore, the handicapped as a group were found to be more like normal than neurotic individuals. The incidence of deviant behavior in the normal group was 3 per cent as compared with 8 per cent in the handicapped group. The authors summarize their findings in the following statement:⁵

The physically handicapped did not give significantly more evidence of behavior deviation than did the physically normal group. Although many of them had real problems in their environment which were sources of worry and concern to them, these difficulties in adjustment could not be considered to be of neurotic origin, nor did they produce neurotic reactions.

Comparing the results of the Landis-Bolles study with the findings of the present research, the investigator—though working with an entirely different type of physical handicap—comes to an almost identical conclusion, namely, that a physical defect of itself seems not to be

³ Carney Landis and M. Marjorie Bolles, *Personality and Sexuality of the Physically Handicapped Woman*. New York: Paul B. Hoeber, Inc., 1942.

⁴ *Ibid.*, p. 100.

⁵ *Ibid.*, p. 109.

the primary cause of personality maladjustment or neurotic or psychotic behavior in physically handicapped people. Further, as the data revealed in Chapters VI and VII indicate, where evidence of neurotic symptoms or maladjustment were found, they could be attributed either to insecurity and instability in the home, or to extreme overprotection or overt rejection. This leads to the proposition that to understand and evaluate an individual's sense of inferiority, we must deal with the individual in relation to and as part of the family, and with the family in relation to and as part of the individual's cultural environment.

From all the evidence presented it can be stated with reasonable certainty that feelings of insecurity and inferiority do not seem to arise, to any great extent, from the physical defect, but are due primarily to environmental conditioning. Dr. Frederick H. Allen and Gerald H. Pearson⁶ come to a similar conclusion. The authors state:⁷

When the relationship between the child and its parents and its effect on the development of the former's personality is studied, it becomes evident that this feeling of inferiority has other causes than the physical defect, although these causes are associated with and conditioned by it.

They then go on to point out that feelings of inferiority may be created by efforts on the part of the mother to keep her handicapped child in a state of dependence through overprotection. A similar effect may follow from rejection, whether overt or disguised. Allen and Pearson even go so far as to assert:

Similar situations tend to produce similar personality defects in healthy children, but they are more crippling to the disabled child. It is probable that the personality of many of these children would be menaced more seriously did not their disability place them in sheltered situations—such as institutions for the blind, etc.—where they are able to preserve their dependency without suffering too greatly from the conflict with an ordinary social environment.

The present study clearly reveals that the feelings which the individual has with regard to his own inferiority, incompetence, uncertainty, and the realization of his physical defect seem to be conditioned principally by the attitude of those around him, especially his parents.

⁶ Dr. Frederick H. Allen and Gerald H. Pearson, "The Emotional Problems of the Physically Handicapped Child," *British Journal of Psychology*, Medical Section, 8, 1928. This study is discussed in Chapter I.

⁷ *Ibid.*, p. 234.

Moreover, the manner in which the defect is accepted by the handicapped person appears to be closely related to the manner in which it is accepted by those surrounding him. This seems to be particularly true for those who are born with a physical incapacity or who have acquired it at a very early age.

There is a fair degree of probability that a physical handicap may intensify the sense of insecurity and inferiority (the outgrowth of environmental conditions), and increase to some extent frustrations, deprivations, and limitations. However, the psychological effect of the lack of a faculty is by no means as profound as the so-called normal seem to think. Cutsforth, who is himself blind, writes:⁸

It is difficult, if not entirely impossible, for those of the seeing who are most intimate with the blind to realize emotionally that the blind are not suffering tormenting privation from the loss of sight.

The level of aspiration for a handicapped individual is usually congruent with the limitations imposed by the handicap, and a great many sources of frustration which might exist in the mind of the normal do not exist for those persons who are afflicted with a disability. Cutsforth observes⁹ that systematic studies show that there is no specific desire on the part of the blind to see for the mere sake of seeing, and that emotional disturbances occur in relation to social conditions which blindness engenders, not from the absence of sight itself.

The data, as revealed in the case studies and in the preliminary survey of emotional and social problems, confirm Cutsforth's position that it is not so much the physical fact of being without sight, as the psychological fact of being treated as a person without sight, which is the source of mental conflicts and feelings of inferiority and insecurity for the blind person. This conclusion finds support in the fact that the blind individuals studied exhibited a wide variety of attitudes and feelings peculiar to themselves and not any unitary set of patterns of behavior or manifestations of maladjustment. If blindness per se were the all-important cause of maladjustment, as is sometimes maintained, it would follow that blind persons would resemble each other in their attitudes toward their handicap and in their adjustment. The contrary, however, was found; in the group studied, many widely differing patterns of reactions toward their handicap emerged, and there did not appear to be any specific type of personality organization. It would seem,

⁸ Thomas D. Cutsforth, *The Blind in School and Society*, p. 125. New York and London: D. Appleton & Co., 1933.

⁹ *Ibid.*, Chap. VI, "Problems in the Emotional Life of the Blind," pp. 121-145.

therefore, that adjustment must be related to factors other than blindness. These observations are similar to those reported in the psychological literature on the personality of the deaf and the crippled.¹⁰

The findings of this study and the data provided by the numerous studies referred to in these pages establish, it is felt, the validity of the hypothesis stated at the outset of this investigation, namely, that all personalities are not affected in the same way by a specific defect; that there is no pattern within personality that is invariably associated with a particular defect; but that the social environment of a person reacts to his defect in various ways, and it is this environment thus affected which in turn has its peculiar influence on him. In other words, the effect which a specific disability may have on an individual is determined not only by the nature of his own personality, but also by the nature of the social environment in which he lives. On these same bases the writer feels justified in stating that while certain personality traits and behavior patterns may become more highly developed because of the presence of a physical defect, maladjustment or behavior disturbances resulting in a neurosis are not necessarily caused by this condition.

¹⁰ Pintner, et al., *The Psychology of the Physically Handicapped*, New York: F. S. Crofts & Co., 1941.

CHAPTER X

SUMMARY AND CONCLUSIONS

The purpose of this study was to evaluate the influence of parental attitudes and social environment on the behavior and personality development of the adolescent blind. Attention was given, on the one hand, to an appraisal of the blind individual's attitudes toward his environment, himself, and his total life experience, and, on the other hand, to an exploration of those parental emotions and attitudes, and social environmental factors which may have a conditioning effect on the blind individual's behavior and personality pattern.

Results and Conclusions

The results of this study were obtained by three different methods: (1) a standardized personality test administered to 143 adolescent blind, 68 boys and 75 girls; (2) a questionnaire, prepared in two forms—one especially designed for blind children, the other for parents of blind children—which was answered by 120 of the subjects mentioned above and by 72 of the parents of these subjects;¹ and (3) controlled interviews with 50 blind subjects and their parents.

The selection of the student population was based on degree of loss of sight, age at onset of visual defect, chronological age, intelligence, and presence of seeing sibling.

The findings obtained from the first method are as follows: On the sole basis of scores of the California Test of Personality, (1) blind adolescents as a group fall below the norms of the seeing with respect to personal and social adjustment; and (2) blind girls seem to be slightly better adjusted than blind boys.

Beyond the statistical analysis, it was interesting to note from a study of the various questions and the responses to them that the subjects tested exhibited decided feelings of insecurity because of not belonging permanently to, or not being rooted in, any setting, such as the family, the school, the neighborhood, or the community. However, it was felt that the test did not adequately measure personal and social adjustment for this group. Responses which might indicate a particular kind of adjustment for an ordinary person in a usual environment might signify an entirely different type of adjustment for a blind person in a peculiar environment.

¹ Selected items of the child-questionnaire were also given to 80 seeing adolescent boys and girls.

The following conclusions may be drawn from this approach to the study: (1) The personal and social adjustment of blind adolescents cannot be adequately measured and compared with that of the seeing by the use of personality tests that have been standardized with seeing adolescents, and (2) the effect of blindness—the limitations of this handicap, and the individual's adjustment to them—can be viewed and evaluated only in relation to the total growth pattern and total social environment of the blind individual.

The results obtained from the personality test would seem to indicate the desirability of designing such a test especially for use with the blind. It is important that the peculiar situation of the visually handicapped be given due consideration.

The questionnaires were used to explore the problems which blindness presented to the blind adolescents studied and to their parents. These disclosed that visually handicapped individuals frequently develop a wide variety of attitudes and feelings peculiar to themselves as a natural outgrowth of a social environment which rarely gives them the understanding and motivation essential for the development of a wholesome personality. This preliminary survey of emotional and social problems suggests that frustrations or maladjustments or emotional disturbances result more frequently from the social attitudes and conditions surrounding the blind person and brought about by the presence of the handicap, than from the sensory disability itself. If blindness were the all-important cause of such behavior deviations, as is sometimes maintained, it would follow that blind persons would exhibit more or less the same type of behavior reactions. The contrary, however, was found to be the case. It follows, therefore, that adjustment must be related to factors other than blindness.

The interviews with the parents disclosed that the majority of the mothers studied experienced frustrations or feelings of conflict because of having given birth to a blind child. Persistent feelings of frustration on the part of the parent seemed to arise from a sense of unfulfillment resulting from the fact that the birth of a child with a handicap as apparent as blindness failed to meet the concept of the kind of child which the mother had expected; while the contradiction between maternal devotion and an irrepressible sense of repulsion caused by the blindness seemed to create feelings of irreconcilable conflict. These frustrations and feelings of conflict were sometimes accentuated by a sense of guilt which frequently was associated with self-consciousness or a sense of inferiority.

The ways in which the parents included in this study reacted to the handicap of their children fell into five fairly distinct categories: (1)

genuine acceptance of the handicap and devotion to the child; (2) an attitude of denial that either parent or child is affected by the handicap; (3) overprotectiveness and excess of pity; (4) disguised rejection; and (5) overt rejection.

The fifty blind adolescents studied displayed a variety of adjustive behavior, closely related to the reactions of their parents to their handicap. They also grouped themselves into five categories: (1) wholesome compensatory behavior and hypercompensatory behavior; (2) denial reactions; (3) defensive behavior; (4) withdrawing tendencies; (5) nonadjustive reactions.

In order to be able to give full consideration to the case material obtained from the interviews with fifty parents and their children, a series of twelve evaluation scales was constructed and used to appraise certain aspects of parent-child relationships and parental attitudes, and the effect which these may have on the blind individual's adjustment and attitude toward his handicap.

In the light of the data gathered from the fifty case studies and the results obtained from the statistical analysis based on the evaluation scales, the following conclusions may be stated: The meaning the child's handicap held for his parents, especially his mother, the intensity of her emotional reactions, and the kind of adjustment she was able to make seemed to depend largely on the psychological make-up of the individual parent, her marital relationships, and her own personal and social adjustment to life. The meaning the handicap held for the child himself seemed to depend largely on his social experience, especially in his early childhood. It was clearly evident from the data at hand that the blind individuals tended to make a wholesome personal and social adjustment whenever their early life afforded them a reasonable amount of economic, physical and emotional security, whenever they were fully accepted by the members of their family, and the parents were able to face their handicap in an objective way. On the other hand, blind children who were neglected and thwarted, whose childhood was deprived of a normal and wholesome environment, developed unfavorable or abnormal traits of personality and were, in almost all cases, unable to accept their handicap. The lack of satisfying parental love in early childhood was responsible for the sense of an unfulfilled need and produced a feeling of loss which seemed to be more injurious to the personality of the blind child than his lack of sight.²

² Dr. Frederick H. Allen and Gerald H. Pearson come to a similar conclusion in their study, "The Emotional Problems of the Physically Handicapped Child." See quotation in Chapter VIII.

Another fact which emerged in the course of this study, and which is corroborated by the investigator's previous experience in the field, is that an overprotective parental attitude appeared to have a detrimental effect on the child's adjustment, in many instances even more detrimental than parental rejection. Furthermore, the blind child's feelings about his defect showed a definite tendency to be colored by the parental attitude toward it, particularly the attitude of the mother. Where parents exhibited an acceptant and objective attitude toward the disability, the child himself was likely to regard it as a matter of fact and not as a defect, and his personality did not seem greatly affected by it. On the other hand, where parents of blind children were emotionally greatly disturbed and unable to accept their child's handicap, the child indicated maladjustment and a resentful attitude toward his disability. In many cases the child manifested the same reaction behavior to the handicap as the mother. This relationship between parent and child's attitude is especially well demonstrated in the case of Virginia (Chapter VII). It seems logical, therefore, to conclude from the foregoing that parental attitudes and actions constitute the most significant factors in setting the fundamental habit patterns of the blind child. It is by the parental relations with the blind child that his personality is conditioned; and it is not the lack of sight that handicaps the child so much as it is the fears, frustrations, and deprivations that parental practices and attitudes inflict upon him.

The findings obtained from the cases studied lead to the final conclusion that a definite relationship exists between the blind child's behavior and adjustment and the parental environment and attitudes to which the child has been exposed in early life.

The foregoing conclusions seem to have wide-reaching implications for the group studied, which might be applicable to all other groups of the physically handicapped.

Since the unwholesome reaction of the social environment to the defect of a handicapped child is the most pregnant source of maladjustment in the child, our main concern in dealing with the problems of personality development in such an individual must be an effort to shape the reactions of his environment. No person, whether physically normal or handicapped, can develop a socially desirable personality wholly through his own efforts. The training of the handicapped and the education of those with whom he is most closely associated and of society at large must take place simultaneously. It is, of course, impossible to shape the attitudes of the total environment, but the parents of these children are generally available and constitute the dominant part of their environment. If we can properly shape parents' reactions to

the defects of their children, we may hope to bring about a most worthwhile improvement in the personality development of handicapped children.

According to the findings of this study, the answer to the problem of how to effect a more satisfactory development in the personality of handicapped children would seem to lie in building up in the parents of these children, wholesome attitudes toward the handicap, as well as in the education and guidance of the child himself.³ To attack directly a specific personality maladjustment in a handicapped child, as has too frequently been done in the past, is merely to battle against the symptoms and not to attack the underlying trouble. The consequence of this, as educators of handicapped children know only too well, is that when one specific personality maladjustment is eliminated, another invariably arises to take its place. Personality maladjustments in handicapped children are the symptoms of an unwholesome situation, especially of an unwholesome parental environment, and if these symptoms are to be reduced to a minimum, the cause of the trouble must be cured.

This cure is not easily brought about. To recognize the trouble would constitute a great step forward on the part of present-day educators of handicapped children; but beyond this, schools and welfare agencies for the handicapped must develop an effective program of parent-counseling and parent education. It is not too much to say that the effectiveness of the education of the handicapped depends largely, if not almost entirely, on the effective education of their parents. The outlay of funds for psychiatrists, psychologists, social workers and collateral facilities for the guidance and education of parents of handicapped children would be a most justifiable expenditure in the interest of the education of the handicapped themselves.

In a word, our educative efforts to date have taken a corrective approach and have shown a deplorable lack of real success. What is suggested by this study is that greater use must be made of preventive measures. In fact, it is not a question of which is more desirable, correction or prevention; so far as the matter of developing well adjusted personalities among the handicapped is concerned, it is a question of recognizing that success is possible *only through prevention*. The present-day interest in the day school system in the education of handicapped children means that probably more of them will spend a greater portion of their time under the influence of their parental environment.

³ "It is as essential to treat the relationships between the child and his parents and the attitude of the latter towards the disability at the time of its occurrence, in order that the personality may not be crippled, as it is to treat the disease itself." Dr. Frederick H. Allen and Gerald H. Pearson, *op. cit. supra* note 2, p. 235.

If this environment is left unenlightened, we are likely to witness even greater incidents of serious maladjustments among the handicapped than has been common in the past.

Because emphasis has been placed on parent-education, it should not be inferred that parents alone need to be guided and educated to help the handicapped child in his struggle for a wholesome adjustment. The ultimate results will depend on the extent to which the home, the school, the community, and society at large coordinate and direct their efforts toward giving him sympathetic understanding but not undue pity, encouraging independence and initiative, and helping him to achieve success and happiness as contributing member of the family group and as an adult member of society.

APPENDIX

EVALUATION SCALES¹

SCALE 1

SOCIO-ECONOMIC STATUS (PHYSICAL ENVIRONMENT)

Rating Step

*Number
of Parents*

- | | |
|---|----|
| 1. Wealthy: evidences of abundant means (own house, car, extra help, etc.) | 0 |
| 2. Well-to-do: high standards in living; evidences of comfort | 7 |
| 3. Comfortable: secure income to cover daily needs; planning required | 15 |
| 4. Poor: not more than minimum needs covered; low economic status | 16 |
| 5. Destitute: below minimum; charity cases; actual privation on the part of child | 12 |
| — | |
| | 50 |

SCALE 2

CULTURAL-EDUCATIONAL STATUS OF PARENTS (EDUCATIONAL ENVIRONMENT)

*Number
of Parents*

Rating Step

- | | |
|---|----|
| 1. Highly educated: both parents college education; cultural activities in and outside the home..... | 2 |
| 2. Well educated: good schooling; interest in cultural aspects of life (reading, music, etc.) | 6 |
| 3. Some indication of intellectual and cultural interests: parents, poor schooling; children, well educated.... | 20 |
| 4. Very little indication of cultural interests..... | 13 |
| 5. Totally lacking in formal education and cultural interests | 9 |
| — | |
| | 50 |

SCALE 3

ATMOSPHERE OF THE HOME (EMOTIONAL ENVIRONMENT)

*Number
of Parents*

Rating Step

- | | |
|--|--|
| 1. Highly favorable home conditions. The home atmosphere is characterized by an exceedingly friendly | |
|--|--|

¹ The rating represent only the writer's appraisal and not that of either of the other two judges.

Rating Step

*Number
of Parents*

and harmonious family relationship. Home life is conducive to emotional security and stability.....	4
2. Favorable home conditions. Characterized by a pleasant family spirit and by emotional security....	17
3. Average amount of mutual consideration among family members; some evidence of understanding and emotional security	11
4. Unfavorable home conditions. Some evidence of unpleasant family relationships and poor adjustment..	13
5. Very unfavorable home conditions. The child is enveloped by an atmosphere of overt conflict, discord, tension among members of the family. Conducive to marked insecurity and instability	5
	<hr/>
	50

SCALE 4

ACCEPTANCE OR REJECTION OF THE HANDICAPPED CHILD

Rating Step

*Number
of Parents*

1. Parent behavior toward child indicates utter devotion and acceptance. A special effort is made to bring the child experiences which he cannot otherwise get because of his blindness. The rearing of the child is regarded as a challenge to the parent's abilities. Has the child's interests at heart and has pride in his achievements	6
2. Parent clearly accepts child. Includes him in all family and social activities. Makes special effort to provide child with as many happy experiences as possible....	11
3. Generally speaking, child is accepted, but no special thought is given to his particular needs and no special effort is made to minister to them. In most situations, parent follows most practical or easiest course. Yields to child's wishes when they do not conflict with parent's own conveniences. Any effort made is <i>conscious</i> rather than <i>spontaneous</i>	14
4. Parent shows little consideration for child's special needs and interests. Fails to make him feel that he has a place in the family circle. He is frequently excluded from family and social activities. Even though the parent is not quite aware of it, to him the attitude of rejection seems predominate	13
5. Child is openly resented and rejected, unwanted and	<hr/>

*Rating Step**Number
of Parents*

ostracized. Overt parent-child conflict. No concern for child's special needs. The rearing of the handicapped child is felt to be an overwhelming task. Most responsibilities are resented, and the belief is held that the state or boarding school should take care of "this group of children"	6
	<hr/>
	50

SCALE 5
BLIND CHILD'S SOCIAL STATUS IN THE FAMILY

*Rating Step**Number
of Parents*

1. Consideration for child's needs and interests clearly predominates in the home; in the household everything is planned with the child in mind; child is made to feel as an important member of the family.....	9
2. Consideration for child's needs and interests predominates to some extent; child is made to feel as important as siblings	15
3. Child gets proportional consideration; is as often disregarded as sacrificed for	9
4. Although given attention in critical matters, on the whole parents seem to neglect child sometimes in favor of other interests	10
5. Child definitely neglected even in essential matters..	7
	<hr/>
	50

SCALE 6
PARENTAL ATTITUDE OF PROTECTIVENESS TOWARD BLIND CHILD

*Rating Step**Number
of Parents*

1. Parent shows intelligent and warm sympathetic understanding of child's special needs. Deliberately refrains from overprotecting. Lets him face his own problems when there is no danger of lasting harm. Encourages him to fight his own battles, and to indulge in sports and other activities. Expects neither too little nor too much, centering attention on child's problems rather than concentrating attention on his handicap	7
2. Realizes child's mental and social maturity. Parent's attitude toward needs and demands of the child is	

Rating Step

*Number
of Parents*

- | | | |
|----|---|----|
| 3. | controlled largely by reason in dealing with subject. Concentrates on what he "can do" rather than on what he "cannot do" | 11 |
| 4. | Inclined to overlook some of child's faults on account of handicap. Subject is little encouraged to face his own problems and to fight his own battles | 14 |
| 5. | Emotional in most demands and rather sentimental about child's handicap. Feeling predominates over reason in dealing with subject. Gives more help than is needed and tries to shield him from the ordinary hazards of life | 14 |
| | In dealing with child, parental attitude is controlled exclusively by emotions. Tends to shelter him from every discomfort or difficulty in regard to physical, emotional, and social hazards. Overlooks most faults on account of handicap | 4 |
| | | — |
| | | 50 |

SCALE 7**PARENTAL MODES OF ADJUSTMENT TO CHILD'S HANDICAP***Rating Step*

*Number
of Parents*

- | | | |
|----|---|----|
| 1. | <i>Acceptance.</i> Parent shows genuine devotion and high evaluation of the child. She has accepted the handicap in an objective way. She expresses no apparent guilt feelings or rebellion against the handicap. Her attitude is that "what has to be, has to be" and "we must make the best of it," religion, in most cases, being her mental and spiritual support | 9 |
| 2. | <i>Denial.</i> Parent denies that handicap has an emotional bearing or any other effect on her, and she also denies that child is actually handicapped. Educational and vocational plans for the child show that she does not recognize or accept any limitations for the child. Imposes her overambitious ideas on him, insisting on high standards of achievement | 4 |
| 3. | <i>Overprotection.</i> Devotion to child expressed by oversolicitous and overprotective handling and an excess of sympathy and pity. Child's care indicates loving affection | 13 |
| 4. | <i>Disguised Rejection.</i> Parent considers handicap a disgrace. To conceal her negative attitude and resentment toward the child, she is oversolicitous and | |

Rating Step

<i>Number of Parents</i>

anxious concerning the welfare of the child. Trying to conceal the impulse to reject her child, she exaggerates the duty of being a good mother	16
5. <i>Overt Rejections.</i> Child openly resented and rejected. Parent is aware of her hostile feelings but builds up defenses to justify them. She blames society for its prejudice toward blindness, the doctor or teachers, etc. By the process of projection she achieves a feeling of self-justification for her own hostile impulses and a relief for her intense feelings of guilt	8
	— 50

SCALE 8
CHILD'S ATTACHMENT TO FAMILY

Rating Step

<i>Number of Children</i>

1. Subject feels to be a highly valued member, having his special and important place in the family. Feels that parents and siblings are proud of him. Is very much attached emotionally to parents and siblings..	8
2. Feels as important to his parents as his sisters and brothers. Is attached to the members of the family, sharing their interests and activities.....	20
3. Fairly closely attached to parents. Sometimes feels left out from family circle. Some indication of sibling rivalry	6
4. Very little emotional attachment to his family. Rivalry and jealousy prevail and loosen family ties..	10
5. No emotional attachment to family. Feels definitely neglected and discriminated against by siblings. Feelings of not belonging and of being unwanted cause bitter resentment	6
	— 50

SCALE 9
CHILD'S GENERAL ADJUSTMENT

Rating Step

<i>Number of Children</i>

1. <i>Very Good adjustment.</i> Happy and satisfied. Able to get along well with family, friends. Has emotional outlets and activities which afford satisfaction. Enjoys contact with seeing as well as blind people.....	9
---	---

<i>Rating Step</i>	<i>Number of Children</i>
2. <i>Good adjustment.</i> Usually gets along well with people at home and in the community. Well-poised and contented with life in general.....	10
3. <i>Fair adjustment.</i> Gets along fairly well with family and friends. Some tendency to worry. Contented at times, at other times discontented.....	14
4. <i>Doubtful adjustment.</i> Is at times unhappy and depressed. Worries a great deal about daily problems as well as the future in general. Has insight into personal problems without being able to solve them. Has problems in personal and social adjustment.....	9
5. <i>Inadequate adjustment.</i> Feels discouraged and hopeless about the future. Has very few interests and activities which give an emotional outlet or satisfaction. Has spells of deep introspection. Lacks in confidence; has many problems in personal and social adjustment	8
	—
	50

SCALE 10

CHILD'S ADJUSTMENT TO HANDICAP ("FEELING TONE")

<i>Rating Step</i>	<i>Number of Children</i>
1. Subject has accepted handicap. His aims, goals, and interests are compatible with his potentialities. No apparent anxiety or rebellion against handicap. Tries to use his assets to make up for it; shows self-confidence	8
2. Subject is somewhat self-conscious about handicap, but such feelings have not interfered with the formation of interests in activities and people. His attitude is "what cannot be cured must be endured" ..	13
3. Subject adjusts to handicap fairly well but at times becomes blue and discouraged over limitations. Self-conscious except with other handicapped people....	13
4. Has an attitude of inferiority toward himself and his potentialities. Evidences of introspection.....	12
5. Extremely depressed over handicap. Feels he is unfairly excluded from any activities in which he might be interested. Very discouraged and extremely self-conscious. Cannot get along socially because of handicap. Self-pity	4
	—
	50

SCALE 11
CHILD'S ADJUSTMENT TO SCHOOL LIFE

Rating Step	Number of Children
1. Very well-adjusted. Subject has a happy disposition. Makes friends very easily among teachers and pupils. Enthusiastic in work and play. Assumes responsibilities and is responsive, well-poised, and self-controlled. Genuinely sorry when he has displeased anybody	10
2. Well-adjusted. Is well liked by teachers and pupils. Has a number of good friends. Is fairly well-poised, responsible, and alert in most school and recreational activities. Has a cheerful disposition and adjusts fairly well to a new situation.....	12
3. Fairly well-adjusted. Has a few friends. Does not adapt easily to new situations. Has a tendency to be moody and very sensitive to criticism. Sometimes requires motivation. Has a limited range of interests and activities which afford satisfaction.....	10
4. Poorly adjusted. Has no intimate friends. Assumes responsibilities unwillingly. Is unstable emotionally and frequently unresponsive to suggestions on the part of teachers.....	12
5. Seriously maladjusted. Either impudent and quarrelsome, or very shy and seclusive. Difficult to motivate. Excessive desire for attention and sympathy.....	6
	—
	50

SCALE 12
MODES OF CHILD'S ADJUSTMENT

Rating Step	Number of Children
1. <i>Wholesome compensatory reactions.</i> Subject recognizes and accepts limitations resulting from handicap, yet tries to minimize them by substituting for his limitations. Shows sound competitive spirit with respect to accessible goals; manifests no evasiveness in discussing problems regarding handicap.....	7
2. <i>Hypercompensatory Reactions</i> evidenced in anti-social character traits such as extreme aggressiveness, strong competitive drives, resentment of criticism; crusader for the cause of the handicapped. <i>Denial Reactions.</i> Subject does not admit actual	7

<i>Rating Step</i>		<i>Number of Children</i>
	limitations connected with blindness as evidenced in educational and vocational planning and activities and interests. Denies that handicap affects in any way; states "blindness is no handicap at all." Evasive in discussing problems regarding handicap.....	6
3.	<i>Defensive Reactions.</i> By means of rationalization or projection subject gives socially acceptable reasons for his behavior to protect himself from the necessity of acknowledging <i>real</i> reasons for failures. Either feels unfairly treated by members of family or by teachers. Blames society in general for prejudice against blind people.....	14
4.	<i>Withdrawing Reactions.</i> Subject's thoughts and activities are centered around handicap. Withdrawing tendencies manifested either in emotional or rational retreat. Resigns self to the fact that certain goals are inaccessible; avoids social contacts or competition except with similarly handicapped.....	9
5.	<i>Nonadjustive Reactions.</i> Subject remains in an unadjusted state being unable to deal with life problems. Maladjustment shown in a variety of traits and symptoms: strong self-centeredness, lack in sociability; emotional instability and intensive worrying and anxiety	7
		—
		50

RATING SCALE FOR APPRAISAL OF CHILD¹

<i>Rating Step</i>			
		<i>Number of Cases</i>	
		<i>Parent</i>	<i>Child</i>
1.	Cheerful, successful, optimistic, lighthearted..	32	7
2.	Satisfied, comfortable, life goes smoothly, peaceful, contented	21	13
3.	Contented at times, at other times discontented, life has both favorable and unfavorable features	18	49
4.	Dissatisfied, restless, impatient, uncertain, anxious	1	2
5.	No pleasure in anything, discouraged, a failure, discontented	—	1
		—	—
		72	72

¹ These data were derived from the 72 parents and their children who replied to the questionnaire.

LETTERS TO SCHOOLS FOR THE BLIND

New York, N. Y.

November 28, 1942

DEAR SIR:

I am planning to do research work for my doctor's dissertation with the tentative title: "A Study of Some Personality Aspects of the Blind." The study is being carried out under the supervision of an advisory committee of several professors at Teachers College, Columbia University. The late Professor Pintner was major adviser, and after his death such sponsorship was taken over by Professor P. Symonds. I would be grateful if you, too, could give me your help and advice in this matter.

I am a graduate student from the University of Vienna and Columbia University, New York. I have been a teacher of the blind and a psychologist for several years in Vienna and also in this country. On the basis of my training and experience I feel equipped to undertake such a study.

So far, very little has been done in the way of objective study. Assumptions and statements with regard to the problems dealing with the personality of the blind have been based primarily on observations made by the workers in this special field and by the blind themselves.

This planned research is considered as an attempt to investigate on the basis of personality tests and additional methods such as self-descriptive questionnaires and interviews of parents and their blind children certain personal and social problems of the visually handicapped and to explore to what extent parental attitude and actions determine the child's behavior pattern and his attitude toward his handicap.

For a study of this type it seems to me of greatest importance to get the participation of a large number of schools and organizations for the blind, especially of those institutions which have shown a progressive attitude toward scientific research. For this reason I should like to ask you to be kind enough to consider whether your school would be able to cooperate in this study and if so, may I ask you to name a person of your staff who would assist me in carrying out this research. This help would consist primarily in administering a personality test to the students as a group. I should also appreciate it if you will make it possible for me to mail questionnaires to parents of your school. As soon as I have your answer I should like to send the material and instructions. I should like to send you a summary of the findings when the survey has been completed.

Finally, I wish to stress the fact that there will be no expenses for your school as I provide all the necessary material. The time expected to be given to this research by the worker as well as the student will not amount to more than from two to three hours all together. It would mean a great deal to me if you would consider favorably my request and, if possible, let me have your answer soon.

Very sincerely,

VITA STEIN SOMMERS

LETTER TO COOPERATING STAFF MEMBER

New York, N. Y.
December 29, 1942

DEAR SIR:

I am in receipt of your letter informing me that you would be kind enough to cooperate in the research project which I am undertaking. May I assure you that your interest and help will be deeply appreciated?

Enclosed are fifteen copies of each of two questionnaires designed to obtain information about (1) the attitude of parents toward handicapped children, and (2) the child's own attitude toward his handicap. It is also hoped that the answers may throw more light on the social and personal problems of the adolescent blind. I assume that fifteen parents may be the maximum that you can reach without too great difficulty. (Letters of transmittal and envelopes are also provided.)

The parent-questionnaire should be sent to mothers who in your opinion will be able and willing to participate in this study and whose families include seeing children.

The child-questionnaire, prepared in Braille, should be presented to the children whose mothers have been selected for the project. Subjects chosen for the experiment should

1. have seeing siblings (at least one seeing brother or sister);
2. be at least 14 years of age and not over 21;
3. have normal mental ability (an I.Q. above 90);
4. be totally blind or have too little sight to read inkprint.

Enclosed, too, is the California Personality Test, to be applied not only to the group just mentioned but also to all other students in your school who

1. have reached the age of 14 but are not over 21;
2. have normal mental ability (an I.Q. above 90);
3. are totally blind or have too little sight to read inkprint.

While the braille questionnaire should be worked out individually, the Personality Test may be given to the eligible students as a group (unrestricted as to size) by reading the various items to them and having them record their "Yes" or "No" answer in braille. Each answer sheet should bear at the top the subject's name, date of birth, sex, school, grade, and degree of vision, such as: totally blind, or too little sight to read print. The replies should also be numbered in accordance with the numbers of the questions in the test. I shall transfer the braille answers to the regular answer sheet of the California Personality Test for the purpose of scoring and computing.

If any of the above points are not sufficiently clear, or if you would like additional information about the study, please do not hesitate to let me know. Moreover, I shall welcome any suggestions that you may wish to offer. Needless to say, all data supplied by the school, parents and students will be kept in strict confidence and no names will be published,—except

that, if you agree, I should like to mention you and your school in my acknowledgments in the publication. You will, of course, be furnished with a summary of the findings when the survey has been completed.

In closing, may I express the hope that you may be able to return the material to me within the next three or four weeks, and may I again thank you for your kindness and assistance?

Very sincerely,

VITA STEIN SOMMERS

Enclosures:

- 15 Parent-questionnaires and letters
- 15 Student-questionnaires in braille, 1 in inkprint
- 1 California Personality Test
- 30 Envelopes (one for your use in sending the questionnaires to the mother; one for the use of the mother in returning the questionnaire to you).

LETTER TO BLIND STUDENTS
(transcribed in braille)

DEAR FRIEND:

The enclosed questionnaire is being sent to the students of several schools in order to help us learn more about the personal and social problems that young blind people may have to meet. We find that many of the students have thought a great deal about these problems and can tell us things from their experience that will help advisers and teachers to a better understanding of the problems with which students of your age may be most concerned.

Will you be willing, for this reason, to help us to get more information by answering the questions? All your information will be kept strictly confidential. Put on the sheet on which you will write the answers your name, age, school, grade, the age of your sisters and brothers, and the nationality and occupation of your parents. Please state also the degree of vision, such as: totally blind, too little sight to read print, or sufficient sight to read print.

You may write your answers either in braille (Grade 1, 1½, or 2) or on the typewriter.

Yours sincerely,

VITA STEIN SOMMERS

CHILD QUESTIONNAIRE

NAME

SEX

AGE

SCHOOL

GRADE

AGE of sisters and brothers

Father's nationality

Mother's nationalty

Father's occupation

Mother's occupation

Degree of vision: _____ totally blind; _____ too little sight to read print; _____ sufficient sight to read print

PART I

Read each of the following questions carefully and answer each question with Yes or No. Let your own personal experience determine your answer. The answers you give to these questions are not to be considered right or wrong but indicate what you think, how you feel, or what you do about things. It will help if you illustrate your answers by giving an example or evidence from your personal experience. Write your answers as long or as short as you wish, always indicating the numbers of the question to which the answer Yes or No and the additional information refers.

1. Do you join the family in taking part in community and social affairs, such as: going to church, parties, picnics, etc.? YES NO
2. Do you like to associate with seeing children (people)?
Why? YES NO
3. Do your brothers and sisters think you are favored in the family?
What makes you think so? YES NO
4. Do you yourself think you are less favored in the family?
Why do you feel so? YES NO
5. At home, do you feel you have as good a time or as much fun as your sisters and brothers? YES NO
6. Do you feel that your relationship with your parents is as pleasant as that of your sisters and brothers? YES NO
7. On account of your handicap do you think you need more help and more attention from the members of your family than your sisters and brothers?
What makes you think so? YES NO
8. Do you feel you can speak to your parents about your worries and troubles as freely as your sisters and brothers do YES NO
9. Do you believe that your problems are different from those of your brothers and sisters?
If so, please tell us in what way they are different YES NO
10. Do you feel self-conscious? YES NO
11. Do you feel frequently inferior on account of your handicap? YES NO

PART II

Please answer also the following questions as fully as you can. We are sure that your answers will make a valuable contribution to the understanding of the problems of students of your age.

12. Are you afraid of anything?
If so, will you tell us about your main fear? YES NO
13. Have you any worries?
If so, what is your main worry? YES NO

14. What do you wish for most in life?
15. What do you feel one misses most by being unable to see?
16. In what way has your life been most different from your seeing brothers and sisters?
17. In what kind of situation have you been most aware of your handicap?
18. What do you think seeing people should consider in their relationship with blind people?

Write the *number* of the group of adjectives which you think best describes you.

1. cheerful, successful, optimistic, lighthearted.
2. satisfied, comfortable, life goes smoothly, peaceful, contented.
3. contented at times, at other times discontented, life has both favorable and unfavorable features.
4. restless, impatient, uncertain, irritated.
5. no pleasure in anything, discouraged, disappointed, discontented, a failure.

LETTER TO PARENTS

DEAR PARENT:

The enclosed questionnaire is being sent out to mothers of children with defective eyesight, in order to help us learn more about the personal and social problems that parents of handicapped children may have to meet. We find that many parents have thought a great deal about these problems and can tell us things from their experience that will help advisers and teachers of handicapped children to a better understanding of the problems with which you as a mother are most concerned. Your experience will also help us in assisting other mothers in their effort to make their handicapped children successful and happy.

Will you be willing, for this reason, to help us to get more information by answering the questions and returning your answers in the enclosed envelope within the next three or four weeks? Please check every question according to directions. It will help if you illustrate your answers by giving examples or evidence from your personal experience.

All your information will be kept strictly confidential. Put your name and address on the envelope, but not on the sheet on which you write. As soon as this survey is finished we shall be glad to send you a summary of suggestions resulting from this study which may be helpful to you.

Yours sincerely,

VITA STEIN SOMMERS

PARENT-QUESTIONNAIRE*

NAME	DATE OF BIRTH	AGE
SCHOOL	SEX	of the visually handi- capped child to whom
GRADE		this questionnaire relates

AGE of sisters and brothers

Father's nationality by birth

Father's occupation

Please check degree of vision:

_____ totally blind; _____ too little sight to read print;
 _____ sufficient sight to read print

PART I

After carefully reading each of the following questions put a circle around YES or NO. Let your own personal experience determine your answer. The answers you give to these questions are not to be considered right or wrong but indicate what you think, how you feel, or what you do about things. It will help if you illustrate your answers by giving examples or evidence from your personal experience. In the space provided after each question write your answers as long or as short as you wish. If this is not enough space continue your answers on the back of this page.

1. Do you agree that a visually handicapped child is happier and better taken care of in a boarding school for the blind than in a public school together with seeing children? YES NO
Why do you think so?
2. Have you noticed whether his** brothers and sisters think he is favored at home? YES NO
What makes them think so?
3. Would you say that he himself thinks he is less favored than his brothers and sisters? YES NO
What makes you think so?
4. Do you feel he is anxious to associate with seeing children (people)? YES NO
Please tell us about his experience with seeing children.
5. When your child is at home does he seem to have as good a time or as much fun as his sisters and brothers? YES NO
Please give evidence of his satisfaction or dissatisfaction.
6. Do you feel his childhood has been as happy as that of his sisters and brothers? YES NO
If so, what makes you think so?

*This series of questions was designed as a guide for the interviews as well as for use as a questionnaire. Consequently, when the questionnaire was sent out, some of the questions were cancelled.

**The pronoun "he" stands for both sexes throughout and refers to your child.

7. Do you feel that your relationship with him is as pleasant and satisfactory as with your other children? YES NO
 What makes you think so?
8. Do you believe you deprive the rest of your family of time or money or both because of your handicapped child? YES NO
 Please tell us how you feel about it.
9. Do you feel he tells you about things that worry or trouble him as his brothers and sisters do? YES NO
 What makes you think so?
10. Do you think you understand your handicapped child as well as you do your other children? YES NO
11. Do you feel self-conscious when in subways, stores or other places people notice the handicap of your child? YES NO
 Please tell us how it affects you.
12. Has he any personal habits or shortcomings which irritate you or your husband? YES NO
 Please give an example and tell how you helped him to overcome some of his so-called "mannerisms".
13. Have you observed whether your child is more sensitive to criticism or corrections than the rest of your children? YES NO
 Give some evidence and tell us whether you overlook some of his faults and bad habits on account of his oversensitivity.
14. Do you and your husband agree about ways of educating (treating) your child? YES NO
 Name any point of disagreement.
15. Does the child prefer to be by himself a great deal instead of joining the family in taking part in community and social affairs such as going to church, parties, picnics, concerts, etc.? YES NO
 If so, why does he seem to feel this way?
16. Have you noticed whether your child resents being protected from any physical or social hazards? YES NO
 In what way does he resent it?
17. Have you observed whether he feels inferior on account of his handicap? YES NO
 If so, how does he express it?
18. Have you noticed whether he feels sorry for himself because of his handicap? YES NO
 How does he express self-pity?
19. Has your child outstanding abilities which could be trained for his future vocation? YES NO
 Along what lines?
20. Are you very much worried when you think of his future? YES NO
 If so, in regard to what problems?
21. Do you think your child feels worried and discouraged when he thinks of the future? YES NO

What reasons does he give for his discouragement?

22. In looking back, do you feel you have made some mistakes in ways of bringing up your handicapped child?

YES NO

Please tell us in what respect you would change your methods of education if you could do it over again.

PART II

The answers to the following questions will also make a valuable contribution to the understanding of your child. Please answer them as fully as you can.

1. How old was your child when you first noticed that he has defective eyesight? How did your family and friends react?
2. How old was your child when he first became aware of his defective eyesight?
Did someone inform him or did he become aware of his blindness himself?
How did he react to this experience?
3. What personal problems are created for a mother having a handicapped child?
4. Do you feel that the rearing of a handicapped child is a challenge to your abilities or do you feel it is an overwhelming task?
5. On the basis of your experience what do you think that seeing people should take into consideration in regard to the welfare of the blind?

Please write about anything that you think may be of importance in regard to the problem of bringing up a handicapped child.

Check one of the following groups of adjectives which you think best describes your child.

1. _____ cheerful, successful, optimistic, lighthearted.
2. _____ satisfied, comfortable, life goes smoothly, peaceful, contented.
3. _____ contented at times, at other times discontented, life has both favorable and unfavorable features.
4. _____ restless, impatient, uncertain, irritated.
5. _____ no pleasure in anything, discouraged, disappointed, discontented, a failure.

BIBLIOGRAPHY

- Adler, Alfred, *Problems of Neurosis*. New York: Cosmopolitan Book Corp., 1930.
- , *Study of Organ Inferiority and Its Physical Compensation*. New York: The Nervous and Mental Disease Publishing Co., 1917.
- , *The Neurotic Constitution*. New York: Dodd, Mead & Co., 1930. (tr.)
- Allen, Frederick H. (Dr.) and Pearson, Gerald H., "The Emotional Problems of the Physically Handicapped Child." *British Journal of Psychology*, Medical Section, 8, 1928.
- Blos, Peter, *The Adolescent Personality*. New York: D. Appleton-Century Co., 1941.
- Bonapart, Joseph, "Reciprocal Attitudes of Parents and Adolescent Children Where These Children Are Being Cared for Away from Home," *Proceedings*, National Conference of Social Work, 1930.
- Brown, Paul A., "Responses of Blind and Seeing Adolescents to an Introversion-Extroversion Questionnaire," *Journal of Psychology*, 6:1938: 137-47.
- , "Responses of Blind and Seeing Adolescents to a Neurotic Inventory," *Journal of Psychology*, 7:1939:211-22.
- Brunschwig, Lily, *A Study of Some Personality Aspects of Deaf Children*. New York: Bureau of Publications, Teachers College, Columbia University, 1936.
- Cutsforth, Thomas D., *The Blind in School and Society*. New York and London: D. Appleton & Co., 1933.
- Frampton, Merle E. (ed.) *Education of the Blind*. New York: World Book Co., 1940.
- Frenkel-Brunswik, Else, "Motivation and Behavior," *Genetic Psychology Monographs*, 1942.
- Habbe, Stephan, *Personality Adjustments of Adolescent Boys with Impaired Hearing*. New York: Bureau of Publications, Teachers College, Columbia University, 1936.
- Hayes, Samuel P., *Contributions to a Psychology of Blindness*. New York: American Foundation for the Blind, 1941.
- , "Twenty Years of Research: Aims and Achievements." *American Association of Instructors of the Blind*, 1936.
- Heider, Fritz, and Heider, Grace Moore, "Studies in the Psychology of the Deaf," *Psychological Monographs*, No. 242, 1941.
- Kenworthy, Marion E., "Psychoanalytic Concepts in Mental Hygiene," *The Family*, 7:1926:213-223.
- Klein, Milton H. "An Individualized Approach to the Problems of Blindness and Impaired Vision." *What of the Blind? II*. New York: American Foundation for the Blind, 1941.

- Landis, Carney, and Bolles, M. Marjorie, *Personality and Sexuality of the Physically Handicapped Woman*. New York: Paul B. Hoeber, Inc., 1942.
- Lende, Helga, *Books About the Blind*. New York: American Foundation for the Blind, 1940.
- Levy, David M. *Maternal Overprotection*. New York, Columbia University Press, 1943.
- Lowenfeld, Berthold, "The Blind Child and His World." *What of the Blind? II*. New York: American Foundation for the Blind, 1941.
- Merry, Ralph V. *Problems in the Education of Visually Handicapped Children*. Cambridge, Mass., Harvard University Press, 1933.
- Muhl, A. M. "Results of Psychometric and Personality Studies of Blind Children at the California State School for the Blind," *American Association of Instructors of the Blind*, 1930.
- Pintner, Rudolf, Eisenson, Jon, and Stanton, Mildred. *The Psychology of the Physically Handicapped*. New York: F. G. Crofts & Co., 1941.
- Plants, Stella E. "Blind People Are Individuals," *The Family*, 24:1943:8-16.
- Shaffer, Laurence F. *The Psychology of Adjustment*. New York: Houghton Mifflin Co., 1936.
- Sherman, Mandel, *Mental Conflicts and Personality*. New York: Longmans Green & Co., 1938.
- Spencer, Douglas, *Fulcra in Conflict*. New York: World Book Co., 1939.
- Symonds, Percival M. *Dynamism of Adjustment*. (Mimeographed, 1941.)
_____, *The Psychology of Parent-Child Relationships*. New York: D. Appleton-Century Co., 1939.
- Zachry, Caroline B., *Emotion and Conduct in Adolescence*. New York: D. Appleton-Century Co., 1941.

HV1598

c. 2

S

Sommers, Vita Stein

The influence of parental attitudes & social environment...c1944.

Date Due

HV1598 Sommers, Vita Stein c.2
S

The influence of parental
attitudes & social environment...

c1944

DATE

ISSUED TO

10/31/84 foodman

7/27/87 Shirley Pennard

AMERICAN FOUNDATION FOR THE BLIND

15 WEST 16TH STREET

NEW YORK, N.Y. 10011

